

NEW CURRICULA

2025 Learning, teaching, and assessment programs

Advanced Training in Geriatric Medicine (Adult Medicine)



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About this document

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

This document outlines the Advanced Training in Geriatric Medicine LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Geriatric Medicine [curriculum standards](#).

Modified 2025 assessment program requirements

Responding to feedback from our educators that more time is needed to gain familiarity with our new assessment tools and technology, we've opted for a gradual start for the number of assessment tools for 2025.

For Advanced Training in Geriatric Medicine, for 2025 only, the number of assessments that trainees are required to complete has been reduced to:

- 1 x learning capture every 3 months (4 total in 2025, reduced from 12)
- 1 x observation capture every 3 months (4 total in 2025, reduced from 12)

Please note that these are the minimum requirements. Trainees are encouraged to complete additional observation captures and learning captures as part of each rotation if they are able as these will provide more information to inform progress decisions.

The learning, teaching, and assessment programs outlined below have been updated to reflect these modified 2025 requirements.

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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.

BE	1. Professional behaviours
DO	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
KNOW	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

- [training application](#)

Learning

Minimum 36 months FTE [professional experience](#)

- [rotation 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

- [supervisors](#) per rotation

- [research project supervisor](#)

Assessment

- [learning captures](#) per phase (reduced to 4 for 2025 only)

- [observation captures](#) per phase (reduced to 4 for 2025 only)

- [progress reports](#) per phase

- [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

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

Entry attributes	<p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none">• a commitment and capability to pursue a career as a physician in geriatric medicine.• the ability and willingness to achieve the common learning goals for Advanced Training:<ul style="list-style-type: none">• team leadership• supervision and teaching• the professional behaviours, as outlined in the Competencies
Entry criteria	<p>Prospective trainees must have:</p> <ul style="list-style-type: none">• 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.

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
Be: Competencies (professional behaviours)	Needs to work on behaviour in more than five domains of professional practice	Needs to work on behaviour in four or five domains of professional practice	Needs to work on behaviour in two or three domains of professional practice	Needs to work on behaviour in one domain of professional practice	Consistently behaves in line with all ten 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

		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>
Be	1. Professional behaviours	Level 5 consistently behaves in line with all ten domains of professional practice	Level 5 consistently behaves in line with all ten domains of professional practice	Level 5 consistently behaves in line with all ten domains of professional practice
	2. Team leadership: Lead a team of health professionals	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
Do	3. Supervision and teaching: Supervise and teach professional colleagues	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	4. Quality improvement: Identify and address failures in health care delivery	Level 1 be able to be present and observe	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	7. Acute care: Manage the early care of acutely unwell patients	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be 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 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	9. Communication with patients: Discuss diagnoses and management plans with patients	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	10. Prescribing: Prescribe therapies tailored to patients' needs and conditions	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	11. Investigations: Select, organise, and interpret investigations	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	12. Clinic management: Manage an outpatient clinic	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	13. End-of-life care: Manage the care of patients at the end of their lives	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others

		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>
Know	14. Cognitive assessment and management: Assess and manage patients with possible cognitive impairment	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	15. Comprehensive geriatric assessment: Assess patients using comprehensive geriatric assessment	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	16. Complex family meetings: Lead and manage family meetings relating to patients' care	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to supervise others
	17. Clinical and social sciences	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. Cognition and mental state	Level 2 knows the topics and concepts in this knowledge guide)	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice
	19. Falls and mobility	Level 2 knows the topics and concepts in this knowledge guide	Level 4 frequently shows they apply this knowledge to practice)	Level 5 consistently demonstrates application of this knowledge to practice
	20. Frailty and functional decline	Level 2 knows the topics and concepts in this knowledge guide	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice
	21. Continence	Level 2 v	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice consistently demonstrates application of this knowledge to practice
	22. Pain management	Level 2 knows the topics and concepts in this knowledge guide	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice
	23. Neurological disorders	Level 2 knows the topics and concepts in this knowledge guide	Level 4 frequently shows they apply this knowledge to practice)	Level 5 consistently demonstrates application of this knowledge to practice
	24. Specialty medical conditions as they apply to ageing	Level 2 knows the topics and concepts in this knowledge guide	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice

		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>
	25. Perioperative assessment and management	Level 2 knows the topics and concepts in this knowledge guide)	Level 4 frequently shows they apply this knowledge to practice	Level 5 consistently demonstrates application of this knowledge to practice
	26. Rehabilitation of specific conditions as applied to ageing	Level 2 knows the topics and concepts in this knowledge guide)	Level 3 knows how to apply this knowledge to practice	Level 4 frequently shows they apply 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. Due 28 February if starting at the beginning of the year and 31 August if starting mid-year.
Learning	
Minimum 36 months full time equivalent (FTE) professional experience	Minimum 12 months FTE during each phase.
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. Due 28 February for rotations in the first half or whole of the year and 31 August for rotations in the second half of the year.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures (reduced to 4 for 2025 only)	Minimum 1 per month (for 2025 only, reduced to minimum 1 every 3 months).
12 observation captures (reduced to 4 for 2025 only)	Minimum 1 per month (for 2025 only, reduced to minimum 1 every 3 months).
4 progress reports	Minimum 1 every 3 months.

Entry

Training application

Requirement

1 x training application, at the start of the specialty foundation phase.

Purpose

The training application supports trainees to:

- confirm that they meet the program [entry criteria](#)
- provide essential details for program enrolment, ensuring compliance with RACP standards
- establishes a formal foundation for their training pathway, enabling access to program resources and support

The application form will be reviewed by the RACP staff. Trainees will be able to track the status of your application 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](#).

Due dates

28 February if starting at the beginning of the year.

31 August if starting mid-year.

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
- ambulatory care
- community care
- geriatric emergency medicine
- geriatric rehabilitation
- orthogeriatrics
- perioperative 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.

Rotation plan

Requirement

1 x 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 following checkbox, '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, select 'yes' for 'coverage offered' and outline the learning opportunities available. See this [completed](#)

[rotation plan](#) for examples of the learning opportunities that may be available for each learning goal.

This information will be used by supervisors and 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 that the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives that 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, and they 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](#).

Due dates

28 February for rotations in the first half or whole of the year.

31 August for rotations in the second half of the year.

Courses

RACP Advanced Training Orientation resource

Requirement

1 x 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's a 'one-stop shop' that 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 x RACP Supervisor Professional Development Program (SPDP), consisting of 3 workshops, 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 [TMP](#).

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 [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

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 rotation 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.

	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. Investigations	Could assess	Could assess	Will assess	x
12. Clinic management	Could assess	Could assess	Will assess	x

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

Learning capture

Requirement

12 x learning captures per phase of training, minimum 1 per month (reduced to 4 x learning captures for 2025 only, minimum of 1 every 3 months).

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 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 x observation captures per phase of training, minimum 1 per month (reduced to 4 x observation captures for 2025 only, minimum of 1 every 3 months).

Refer to [RACP Flexible Training Policy](#) for further 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 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).

Trainees completing 4-month rotation(s) are required to submit a progress report every 4 months.

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 are completed via [TMP](#) under the assessment requirements tab.

Trainees must:

- self-assess against the program's learning goals
- record any leave taken during the covered training period
- provide summary comments about the rotation

For more information on how to complete a progress report review the [training resources](#).

Progress reports for rotations in the first half of 2025

This guidance applies only to training completed in the first six months of 2025, before progress reports became available in TMP.

Trainees and Rotation Supervisors used a hard copy Rotation Progress Report for rotations in the first six months of 2025.

Progress reports should be submitted to the College every 3 months via email to Geriatrics@racp.edu.au (Australia) or Geriatrics@racp.org.nz (Aotearoa New Zealand).

Note: Once reports are available in TMP, this hard copy report will no longer be accepted.

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:

Three research project types are accepted:

- research in:
 - human subjects, populations and communities and laboratory research
 - epidemiology
 - education
 - leadership
 - medical humanities
 - areas of study which can be applied to care of patients or populations
- 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 pass, fail or submit 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](#) and can be submitted via [TMP](#) under the assessment requirements tab.

There are 3 deadlines that must be followed when submitting an Advanced Training Research Project. Trainees can choose to submit their Research Project on any of these 3 dates during the year.

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">• Maintain employment in accredited training settings.• Act as a self-directed learner:<ul style="list-style-type: none">○ 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 their 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
<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ 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.

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

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](#)