

# NEW CURRICULA

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## Learning, teaching, and assessment programs

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



**RACP**  
Specialists. Together

#### 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](#).

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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 [training application](#)

### Learning

Minimum 36 months FTE [professional experience](#)

1 [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

2 [supervisors](#) per rotation

1 [research project supervisor](#)

### Assessment

12 [learning captures](#) per phase

12 [observation captures](#) per phase

4 [progress reports](#) per phase

1 [research project](#)

# About the program

## Purpose of Advanced Training

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

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

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

## Overview of specialty

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 Training Program Committee in Geriatric Medicine and the Aotearoa New Zealand Training Program 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 five domains</b> of professional practice	Needs to work on behaviour in <b>four or five domains</b> of professional practice	Needs to work on behaviour in <b>two or three domains</b> of professional practice	Needs to work on behaviour in <b>one domain</b> of professional practice	<b>Consistently</b> behaves in line with all ten domains 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> (i.e., ready access to a supervisor)	Is able to <b>act with supervision at a distance</b> (i.e., limited access to a supervisor)	Is able to supervise others
<b>Know: Knowledge guides</b>	Has <b>heard</b> of some of the topics in this knowledge guide	<b>Knows the topics and concepts</b> in this knowledge guide	<b>Knows how to apply</b> this knowledge to practice	<b>Frequently shows they apply</b> this knowledge to practice	<b>Consistently</b> 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	<b>1. Professional behaviours</b>	<b>Level 5</b> consistently behave in line with all ten domains of professional practice	<b>Level 5</b> consistently behave in line with all ten domains of professional practice	<b>Level 5</b> consistently behave in line with all ten domains 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 supervise others
Do	<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 supervise others
	<b>4. Quality improvement:</b> Identify and address failures in health care 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 supervise others
	<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 supervise others
	<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 supervise others
	<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 supervise others
	<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 supervise others
	<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 supervise others
	<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 supervise others
	<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 supervise others
	<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 supervise others
	<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 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>
	<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 supervise others
	<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 supervise others
	<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 supervise others
Know	<b>17. Clinical and social sciences</b>	<b>Level 3</b> know how to apply this knowledge to practice	<b>Level 4</b> frequently shows they apply this knowledge to practice)	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>18. Cognition and mental state</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide)	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>19. Falls and mobility</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>20. Frailty and functional decline</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>21. Continence</b>	<b>Level 2</b> knows the topics and concepts in this knowledge guide	<b>Level 4</b> frequently shows they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>22. Pain management</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>23. Neurological disorders</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide	<b>Level 4</b> frequently show they apply this knowledge to practice)	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>24. Specialty medical conditions as they apply to ageing</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice
	<b>25. Perioperative assessment and management</b>	<b>Level 2</b> know the topics and concepts in this knowledge guide)	<b>Level 4</b> frequently show they apply this knowledge to practice	<b>Level 5</b> consistently demonstrate application of this knowledge to practice

		<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>26. Rehabilitation of specific conditions as applied to ageing</b>	<b>Level 2</b> Know. the topics and concepts in this knowledge guide	<b>Level 3</b> know how to apply this knowledge to practice	<b>Level 4</b> frequently show 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?
<b>Entry</b>	
1 <a href="#">training application</a>	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.
<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>	During the first 6 months of the specialty foundation phase.
<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="#">rotation plan</a> 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.
<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

### 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
- acute stroke medicine
- palliative care
- psychiatry of old age

- **Non-core**

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.

### Dual training with General and acute care medicine

Dual Advanced Training in General Medicine and Geriatric Medicine must consist of 48 months (Full Time Equivalent) of training.

It is strongly recommended that you plan your training as early as possible to map out the training requirements of both programs.

If you are, in any instance, able to complete all rotation-based and other requirements for both programs in less than 48 months, you are still required to complete a total of 48 months FTE training. The remaining time can be in either core or non-core training.

If you have completed all requirements for one of the training programs within 36 months, you can request to be awarded Fellowship for that program. You are still required to complete the remaining 12 months in the second program to be recognised in that program.

## 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:

- Practical skills for supervisors
- Teaching and learning in healthcare settings
- Work-based learning and assessment

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 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.

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>Assessment tools</b>			
<b>Learning goals</b>	<b>Learning capture</b>	<b>Observation capture</b>	<b>Progress report</b>	<b>Research project</b>
<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

	Assessment tools			
Learning goals	Learning capture	Observation capture	Progress report	Research project
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.

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.

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](#).

## 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 re-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.

For more information on how to submit an Advanced Training Research Project review the [training resources](#).

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.

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

# Roles and responsibilities

## Advanced Trainee

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

<b>Role</b>
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
<b>Responsibilities</b>
<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 Progress Review Panel is a group convened to meet and make evidence-based decisions on trainees' progression through training.

Progress Review Panels ensure the integrity and transparency of progression and completion decisions related to Basic and Advanced Trainees.

Panels are considered experts in the training program, including the curriculum standards, requirements, and administration of the program.

### Responsibilities

1. **Make decisions on progression** for all trainees in a training program. The panel will assess if trainees have met or are on track to meet the expected standard for their phase of training, including the completion of learning, teaching and assessment requirements.
2. **Manage trainee conditions to enable trainees to progress** by reviewing trainee performance. Where required, panels will set conditions for trainees to meet, with the goal of helping trainees achieve the program learning goals and progression or completion criteria.

### Types of Progress Review Panels

There are two types of RACP Progress Review Panels:

- **Primary panel:** A primary Progress Review Panel is an RACP committee supported by an RACP staff member. Primary panels are existing Training Program Committees/Subcommittees and will have Progress Review Panel functions included as part of their operations and delegations.
- **Secondary panel:** These are local panels typically set up within a specific training setting, network, or geographic area. These panels will make progression decisions on behalf of the Training Program Committee and manage conditions placed on trainees.

Trainees will be able to review the panels they are assigned to in the TMP.

### Trainee progress decisions, conditions and feedback

- Panels will monitor and review trainee progress and make a phase progression decision.
- Panels may add training conditions that trainees need to meet to progress in training or during their next phase of training.
- Trainees will be able to view progression decisions, conditions and panel feedback on the trainee progress tab in TMP.

## 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 secondary Progress Review Panels, where applicable 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](#)