NEW CURRICULA

Learning, teaching and assessment programs

Advanced Training in General and Acute Care Medicine

RACP
Specialists. Together

About this document

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

This document outlines the Advanced Training in General and Acute Care Medicine LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in General and Acute Care Medicine curriculum standards.

Contents

Program overview **4**
About the program **5**
Purpose of Advanced Training 5
Overview of specialty 5
Supervising committee 6
Qualification 6
Learning goals and progression criteria **7**
Learning, teaching and assessment structure 7
Entry criteria 8
Progression criteria 8
Learning goals 9
Learning, teaching and assessment requirements **12**
Overview 12
Entry 13
Training application 13
Learning 14
Learning blueprint 14
Professional experience 18
Rotation plan 23
Conference or scientific meeting attendance 24
Courses 25
Recommended resources 27
Teaching 28
Supervision 28
Assessment 29
Assessment blueprint 29
Learning capture 31
Observation capture 31
Progress report 32
Research project 32
Roles and responsibilities **34**

Advanced Trainee 34
Rotation supervisor 34
Assessor 35
Progress Review Panel 35
RACP oversight committees 36
Resources 37
For trainees 37
For supervisors 37
Appendix 1 37

Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as **19** 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 and service improvement 5. Clinical assessment and management 6. Management of transitions in care 7. Acute care 8. Longitudinal care 9. Shared decision making with patients and carers 10. Prescribing 11. Procedures 12. Diagnostic decision making 13. Ambulatory care 14. End-of-life care
KNOW	15. General medicine presentations and conditions 16. Acute care presentations and conditions 17. Obstetric medicine 18. Perioperative medicine 19. Health equity

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 full-time equivalent (FTE) professional experience

1 rotation plan per rotation

1 conference or scientific meeting

RACP Advanced Training Orientation resource

RACP Supervisor Professional Development Program

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

General and acute care physicians navigate the intricate web of patient needs, healthcare systems, and diverse medical settings with expertise honed in complexity.

General and acute care physicians are adept at providing pragmatic, integrated care to patients grappling with complex health conditions, encompassing multisystem and undifferentiated presentations. They thrive in collaborative environments and are experts in navigating uncertainty. They serve as the bedrock of service provision, ensuring comprehensive care delivery in dynamic healthcare settings.

General and acute care physicians provide care in a range of diverse settings, demonstrating skills in:

- **using a global approach.** Regardless of the focus of referrals, the general and acute care physician's assessment is always comprehensive, enabling problems to be detected and diagnostic possibilities to be considered that might otherwise be missed.
- **integrated care.** General and acute care physicians are uniquely trained to provide integrated care for patients facing complex illnesses and diagnostic challenges. Their extensive training equips them with expertise in diagnosing and treating conditions that affect multiple systems, while also addressing the social and psychological impacts of disease.
- **embracing uncertainty.** General and acute care physicians demonstrate a unique ability to embrace uncertainty, manage risks, and tackle diagnostic challenges, contradictions, and conflicting priorities with confidence and thoroughness, ensuring comprehensive care.
- **being diagnostic experts.** General and acute care physicians excel in diagnosing complex medical conditions, using diagnostic tests judiciously and effectively to investigate challenging diagnostic issues and formulate comprehensive diagnoses.

- **diversity of practise.** General and acute care physicians' diverse practise encompasses perioperative assessment, care in rural, remote, and regional settings, management of "orphan" areas of medicine, Indigenous health care, obstetric care, and the transition to adulthood, ensuring well-placed medical expertise across varied care needs and communities.

General and acute care physicians provide comprehensive evidence-based medical care, make skilled clinical decisions, coordinate with other health professionals, communicate empathetically with patients, advocate for health issues, lead healthcare teams, promote innovation, engage in continuous learning, and focus on equity in complex care for diverse populations. They use these personal and professional attributes to:

- **provide integrated management.** General and acute care physicians excel in devising integrated management plans that consider therapeutic effectiveness, comorbidity interactions, functional status, life expectancy, patients' values and goals, and the broader social and environmental context of care.
- **problem solve.** General and acute care physicians adeptly handle challenging and intricate clinical presentations. They skilfully identify and prioritise care goals, and resolve issues through a flexible and holistic approach.
- **advocate for patients.** General and acute care physicians consider each patient holistically, incorporating their social backgrounds, belief systems, and preferences into personalised advice and recommendations. They actively address equity concerns and strive to overcome barriers to healthcare access.
- **communicate effectively.** General and acute care physicians communicate using a patient-centred approach that encourages patient trust and autonomy and is characterised by empathy and respect. They elicit and accommodate a diversity of views and opinions in relation to patients' care, and then negotiate agreed ways forward on the part of all stakeholders.
- **innovate and lead systems.** General and acute care physicians identify the broad context of healthcare systems and contribute to strategies that improve the value of healthcare delivery.
- **teach, learn, and mentor.** General and acute care physicians recognise the power of role modelling and the impact of the hidden curriculum on learners. They promote a safe and appropriately challenging learning environment, demonstrate effective teaching to facilitate learning, identify the learning needs of others, seek and provide meaningful feedback. They engage in continuous improvement and professional development through ongoing learning.

Supervising committee

The program is supervised by the Training Program Committee (TPC) in General and Acute Care Medicine and the Aotearoa New Zealand Training Program Committee (TPC) in General and Acute Care 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 (FTE) experience, and progression and completion decisions are based on evidence of trainees' competence.

Entry criteria

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

Entry criteria	Prospective trainees must have: • completed RACP Basic Training, including the Written and Clinical Examinations • general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand • an Advanced Training position in an RACP-accredited training setting 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 **19** learning goals.

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

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

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	Needs to work on behaviour in **more than 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 10 domains of professional practice
Do: Entrustable Professional Activities (EPAs)	Is able to **be present and observe**	Is able to **act with direct supervision**	Is able to **act with indirect supervision** (i.e., ready access to a supervisor)	Is able to **act with supervision at a distance** (i.e., limited access to a supervisor)	Is able to supervise others
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide	**Knows the topics and concepts** in this knowledge guide	**Knows how to apply** this knowledge to practice	**Frequently shows they apply** this knowledge to practice	**Consistently** demonstrates application of this knowledge to practice

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 5** **consistently** behave in line with all 10 domains of professional practice	**Level 5** **consistently** behave in line with all 10 domains of professional practice	**Level 5** **consistently** behave in line with all 10 domains of professional practice	**Level 5** **consistently** behave in line with all 10 domains of professional practice
Do	**2. Team leadership:** Lead a team of health professionals	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	4. Quality and service improvement: Identify and address improvement opportunities in health care quality, efficiency, and effectiveness	**Level 1** is able to present and observe	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 5** be able to supervise others
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** 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 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	7. Acute care: Manage those who are acutely unwell and stabilise haemodynamic compromise	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** 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 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	9. Shared decision making with patients and carers: Formulate an agreed management plan with patients that fits with their medical context, goals, and values	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	10. Prescribing: Prescribe and deprescribe therapies tailored to patients' needs and conditions	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	Entry into training *At entry into training, trainees will:*	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to Fellowship *By the end of training, trainees will:*
	11. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
	12. Diagnostic decision making: Select, organise, and interpret investigations	**Level 2** is able to act with direct supervision	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 5** be able to supervise others
	13. Ambulatory care: Provide outpatient care across diverse settings	**Level 1** is able to present and observe	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 5** be able to supervise others
	14. End-of-life care: Manage the care of patients at the end of their lives	**Level 2** is able to act with direct supervision	**Level 3** is able to act with indirect supervision	**Level 4** is able to act with supervision at a distance	**Level 5** be able to supervise others
Know	**15. General medicine presentations and conditions**	**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	**Level 5** consistently demonstrates application of this knowledge to practice
	16. Acute care presentations and conditions	**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	**Level 5** consistently demonstrates application of this knowledge to practice
	17. Obstetric medicine	**Level 1** has heard of some of the topics in this knowledge guide	**Level 1** has heard of some of the topics in this knowledge guide	**Level 2** knows the topics and concepts in this knowledge guide	**Level 3** knows how to apply this knowledge to practice
	18. Perioperative medicine	**Level 1** has heard of some of the topics in this knowledge guide	**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
	19. Health equity	**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	**Level 5** consistently demonstrates application of this knowledge to practice

Learning, teaching and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase.
Learning	
Minimum 36 months FTE professional experience	Minimum 12 months FTE during each phase.
1 conference or scientific meeting	Before the end of Advanced Training.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 research project	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

Requirements per phase

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

Entry

Training application

Requirement
1 training application, at the start of the specialty foundation phase.
Purpose
The training application supports trainees to: • confirm they meet the program entry criteria • provide essential details for program enrolment, ensuring compliance with RACP standards • establish a formal foundation for their training pathway, enabling access to program resources and support The application form will be reviewed by RACP staff. Trainees will be able to track the status of applications through the College's new Training Management Platform (TMP). Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.
How to apply
Trainees are to submit a training application for the program using TMP. **Due dates** **28 February** if starting at the beginning of the year. **31 August** if starting mid-year.

Learning

Learning blueprint

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

	Professional experience				
Learning goals	**Core – general medicine**	**Core – general medicine-related**	**Core – subspecialty**	**High acuity**	**Non-core**
1. Professional behaviours	Will align	Will align	Will align	Will align	Will align
2. Team leadership	Will align	Will align	Will align	Will align	Will align
3. Supervision and teaching	Will align	Will align	Will align	Will align	Could align
4. Quality and service improvement	Will align	Will align	Will align	Will align	Could align
5. Clinical assessment and management	Will align	Will align	Will align	Will align	Will align
6. Management of transitions in care	Will align	Will align	Will align	Will align	Could align
7. Acute care	Will align	Will align	Will align	Will align	Could align
8. Longitudinal care	Will align	Will align	Will align	x	Will align
9. Shared decision making with patients and carers	Will align	Will align	Will align	Will align	Will align
10. Prescribing	Will align	Could align	Could align	Will align	Will align
11. Procedures	Will align	Could align	Could align	Will align	Could align
12. Diagnostic decision making	Will align	Could align	Could align	Will align	Will align
13. Ambulatory care	Will align	Could align	Could align	x	Could align
14. End-of-life care	Will align	Could align	Could align	Will align	Could align
15. General medicine presentations and conditions	Will align	Could align	Could align	Could align	Will align

	Professional experience				
Learning goals	**Core – general medicine**	**Core – general medicine-related**	**Core – subspecialty**	**High acuity**	**Non-core**
16. Acute care presentations and conditions	Will align	Could align	Could align	Will align	Could align
17. Obstetric medicine	Could align	Could align	Could align	Could align	Could align
18. Perioperative medicine	Could align	Could align	Could align	Could align	Could align
19. Health equity	Could align	Could align	Could align	Could align	Could align

	Learning requirements					
Learning goals	**Rotation plan**	**RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource**	**RACP Orientation to Advanced Training resource**	**RACP Health Policy, Systems and Advocacy resource**	**RACP Supervisor Professional Development Program**	**Scientific meeting or conference**
1. Professional behaviours	Will align	Will align	Will align	Will align	Will align	Will align
2. Team leadership	x	x	x	x	x	Could align
3. Supervision and teaching	x	x	x	x	Will align	Will align
4. Quality and service improvement	x	x	x	x	x	Could align
5. Clinical assessment and management	x	x	x	x	x	Could align
6. Management of transitions in care	x	x	x	x	x	Could align
7. Acute care	x	Will align	x	x	x	Could align
8. Longitudinal care	x	x	x	x	x	Could align
9. Shared decision making with patients and carers	x	x	x	x	x	Could align
10. Prescribing	x	x	x	x	x	Could align
11. Procedures	x	x	x	x	x	Could align
12. Diagnostic decision making	x	x	x	x	x	Could align
13. Ambulatory care	x	x	x	Will align	x	Could align
14. End-of-life care	x	x	x	x	x	Could align
15. General medicine presentations and conditions	x	x	x	x	x	Will align
16. Acute care presentations and conditions	x	x	x	x	x	Will align
17. Obstetric medicine	x	x	x	x	x	Could align
18. Perioperative medicine	x	x	x	x	x	Could align

	Learning requirements					
Learning goals	**Rotation plan**	**RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource**	**RACP Orientation to Advanced Training resource**	**RACP Health Policy, Systems and Advocacy resource**	**RACP Supervisor Professional Development Program**	**Scientific meeting or conference**
19. Health equity	x	x	x	x	x	Could align

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 or approved training settings. • Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.	
Experiential training	
Core training Trainees must spend a minimum of 24 months in accredited general and acute care medicine training positions. This includes • a minimum of 12 months of core general medicine • a minimum of 6 months of subspecialty training The remaining core training time may be completed in the following settings: • further general medicine, • further subspecialty training (This must be in a clinically different rotation from the subspecialty training rotation.) or • general medicine-related rotations.	
General medicine Minimum 12 months	Training in a general medicine unit as a general medicine registrar, where a suitable rotation involves: • a minimum of 2 supervised ward rounds per week • the admission of acute patients, based on a roster (minimum of 1-in-7 basis) • attending inpatients as a lead doctor on a daily basis • retaining responsibility for patients' longitudinal care, where the trainee must be involved throughout the patient's journey from inpatient admission and the duration of inpatient care to hospital discharge and subsequent review in clinic • attending at least 1 general medicine outpatient clinic per week • having a role in a multidisciplinary team. **Aotearoa New Zealand trainees** • Rotations with rostered periods of time working in in MAPU will only be approved if no more than one-third of overall run time is spent in MAPU. For example, if a run is 6 months long, then a maximum of 2 months of it can be spent in a MAPU. • Trainees who undertake a 'Fellow role' as part of their core general medicine professional experience must ensure the meet the requirements outlined in appendix 1.

Subspecialty training Minimum 6 months	A subspecialty term must have more than 75% of time spent in clinical responsibilities in a subspecialty over 6 months to provide the depth of training required. Relevant specialty inpatient units include: • addiction medicine • cardiology • gastroenterology and hepatology • geriatric medicine and rehabilitation medicine • haematology • intensive care unit (ICU) • infectious diseases / sexual health • nephrology • neurology and stroke medicine* • oncology • palliative care • respiratory medicine and sleep medicine. Relevant ambulatory care and/or predominantly consultation-based units include: • cardiology – chronic disease management (e.g. heart failure) • clinical pharmacology • community-based palliative medicine • endocrinology and diabetes • immunology and allergy • rheumatology. Trainees may spend an additional 6 months completing subspecialty training. If an additional 6 months are spent in subspecialty training, it must be in a clinically different rotation. Dual trainees must undertake core subspecialty training in an accredited clinical training position that has been accredited for General and Acute Care Medicine or in the second specialty that dual training is being undertaken in. *** Aotearoa New Zealand trainees** • stroke runs may be classified as geriatric medicine or neurology depending on the service model provided by the setting. Trainees will be advised of their rotation status after the rotation plan has been submitted and considered by the TPC. • Contact generalmedicine@racp.org.nz
General medicine related No minimum or maximum time required	Rotations in general medicine-related training may include: • an acute medical unit and/or medical assessment and planning unit (MAPU) • obstetric medicine • perioperative medicine.

	The following may be approved in Australia. There are no rotations in Aotearoa New Zealand that currently fall under these categories, but bespoke rotations may be considered on a case-by-case basis: • a senior medical registrar position, with at least 50% clinical time • chronic disease management / hospital in the home (HITH) • residential outreach / hospital admission risk program (HARP).
Non-core training	Trainees can complete a maximum of 12 months in approved non-core training. Non-core training must be no more than 6 months FTE in non-clinical positions.
Aotearoa New Zealand trainees - core and non-core training	During both core and non-core training rotations, one half-day per week is to be dedicated to personal professional development and project work. This information must be documented in the trainee's rotation plan. Site accreditation criteria for general and acute care medicine.
Night and relief rotations	Night and relief rotations will not count towards your Advanced Training in General and Acute Care Medicine, except in ICU or emergency medicine where nights are accepted as part of a shift roster. In rotations where you may be required to do nights as service provision, the total duration should not exceed a maximum of 4 weeks on a night duty roster — for example, a total of 2 weeks on service and 2 weeks off-service per 6-month core rotation. Core training supervision requirements apply.

High acuity training

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

Advanced trainees in general and acute care medicine are required to develop important skills in the immediate and ongoing management of patients with severe, life-threatening, physiological disturbances. They must be able to:

- assess and manage time-critical clinical problems
- confidently manage life-threatening or organ-threatening clinical illness
- provide clinical leadership in these scenarios.

For this reason, at least 6 months of advanced training must be spent in a high acuity rotation. Trainees are encouraged to undertake more than 6 months of high acuity training, where possible.

A high acuity training term must provide the advanced trainee with the opportunity to develop leadership in the management of medical emergencies, and sustained exposure to patients with severe illness that require the following:

- advanced / continuous medical monitoring
- significant organ support
- time-critical interventions and decisions around safe environments / supports for managing acutely unwell patients.

High acuity terms in general medicine (or general medicine-related training)

A general medicine/general medicine-related term that is suitable for approval as a high acuity rotation will enable trainees to gain expertise in the following situations, encompassing both immediate and ongoing management. In general, rural and regional hospital terms in general medicine/general medicine-related training will be more likely to meet the requirements for a high acuity term. Exposure must be a regular, core component of routine day-to-day work (i.e. on a near daily basis throughout the rotation), rather than just on evening cover shifts.

Exposure to at least 4 of the following scenarios is required during the average week for the term to be considered high acuity:

- acute cardiac / respiratory failure requiring non-invasive ventilation (NIV) or continuous positive airway pressure (CPAP)
- acute complications of decompensated liver disease (including gastrointestinal haemorrhage)
- appropriate management of acute shock (including cardiogenic, distributive, hypovolemic, and obstructive shock)
- arrhythmias requiring cardioversion and continuous cardiac monitoring in the coronary care unit (CCU) or equivalent monitored bed
- conditions requiring thrombolytic therapy (or equivalent):
  - acute pulmonary embolism
  - acute stroke
  - STEMI
- first response to medical emergencies as a designated member of a patient at risk / medical emergency / rapid response team or on a code team
- life-threatening electrolyte or acid / base disturbances, including diabetic ketoacidosis (DKA) and hyperosmolar hyperglycaemic state (HHS) (Australia only).

High acuity terms in subspecialties

Subspecialty inpatient rotations may offer a less broad but more concentrated experience to types of physiological instability and different types of organ support. Rotations that are consult-based only will not qualify as high acuity terms. Exposure must be a regular, core component of routine day-to-day work (i.e. on a near daily basis throughout the rotation), rather than just on evening cover shifts.

In general, the following will be acceptable high acuity terms, provided prospective approval is granted by the Training Program Committee:

- cardiology rotations that include care of monitored patients in CCUs; pure consultation and outpatient roles are not suitable (i.e. heart failure / echo Fellowship roles)
- intensive care medicine or high dependency unit
- respiratory rotations that include supervision of NIV and performing respiratory procedures; a pure consultation role is not suitable.
- acute stroke roles during which the trainee will have a central role in immediate assessment (attends code strokes), initiation of thrombolytics or appraisal for clot retrieval, and primary responsibility for the care of admitted patients. Approximately 2/3 of these roles should be spent in acute stroke work, rather than in inpatient rehabilitation and rapid response clinics. Stroke units without acute intervention will not qualify as high acuity terms.

How to complete it

1. Outline how you will complete the High Acuity training requirement in the relevant rotation plan.
2. Additionally, under Program-level requirements on your Assessment Requirements tab, select Learning Themes, then choose High Acuity. Indicate which of your rotation plans you would like to count towards this requirement. The Training Program Committee will review the information you have provided to determine whether the training time meets the High Acuity training requirement.
3. Following successful completion of the professional experience and submission of a progress report for that period, you will be notified of the outcome.

Dual training

Dual Advanced Training in General and Acute Medicine and another training program must consist of a minimum of 48 months (full time equivalent) of training. This includes dual training in General and Acute Care Medicine and Geriatric Medicine.

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

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

Trainees who have completed all requirements for one of the training programs within 36 months, can request to be awarded Fellowship for that program. In this case, the trainee is still required to complete the remaining 12 months on the second program.

Trainees undertaking dual training should be aware that training in another specialty can count towards a maximum of 6 months core training and 12 months non-core training for General and Acute Care Medicine (maximum 18 months total training time). For example:

- a trainee in Respiratory Medicine and Sleep Medicine can count one 6-month term of Respiratory Medicine or Sleep Medicine towards core training in General and Acute Care Medicine, but not both terms. An additional 12 months of Respiratory Medicine and/or Sleep Medicine can count towards non-core training.
- a trainee in Gastroenterology can count a maximum of one 6-month term of Gastroenterology or Hepatology as core General and Acute Care Medicine training. An additional 12 months of Gastroenterology and/or Hepatology can count towards non-core training.

Rotation plan

Requirement
1 rotation plan per rotation.
Description
The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.
Purpose
The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.
How to complete it
Trainees can submit a rotation plan in TMP under the 'training plan' tab. Trainees undertaking their first rotation of their training program must select the checkbox labelled 'The rotation start date is also the start date of my Training Program' to record the start date for their training program. If a trainee is expecting a learning goal to be covered during a rotation, they must select 'yes' for 'coverage offered' and outline the learning opportunities available. This information will be used by supervisors and the overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements. Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular / weekly activities the trainee will be undertaking during the rotation (e.g. timetable). Trainees can also set custom goals to define personal objectives 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. The supervisors will need to approve the plan in TMP via 'my assigned actions'. For more information on how to complete a rotation plan review the training resources. **Due dates** **28 February** if starting at the beginning of the year. **31 August** if starting mid-year.

Conference or scientific meeting attendance

Requirement

Attend 1 conference or scientific meeting within Australia or Aotearoa New Zealand, with a demonstrable link to the general and acute care medicine knowledge guides, before the end of Advanced Training.

Description

Meetings and/or conferences may include those provided by (but not limited to):

- RACP Congress
- Australasian College of Emergency Medicine (ACEM) conference in Aotearoa New Zealand
- Internal Medicine Society of Australia and New Zealand (IMSANZ) conference
- Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) conference.

Purpose

National and/or international conferences or scientific meetings provide opportunities for trainees to acquire the latest information in topics related to general medicine. They provide a chance to review and update trainees' knowledge, including networking opportunities. Attendance can also be useful for meeting training requirements, such as certain details within knowledge guides.

How to complete it

For more information on attendance at each course, please see:

- RACP Congress
- ACEM conference in Aotearoa New Zealand
- IMSANZ conference
- SOMANZ Annual Scientific Meeting.

Trainees will need to provide evidence of completion in TMP.

Courses

RACP Advanced Training Orientation resource

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

RACP Supervisor Professional Development Program

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

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

Description

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

Estimated completion time: 2 hours.

Purpose

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

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

How to complete it

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

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

RACP Health Policy, Systems and Advocacy resource

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

Recommended resources

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

Teaching

Supervision

Rotation supervisors

Trainees are required to have 2 supervisors per rotation:

- core training:
  - minimum of 1 supervisor per rotation who is a Fellow of the RACP in general and acute care medicine*
- non-core training:
  - 2 individuals for the role of rotation supervisor:
    - minimum of 1 supervisor per rotation who is a Fellow of the RACP
- trainees in their final phase require minimum of 1 supervisor per rotation who is a Fellow of the RACP in general and acute care medicine*, or overseas equivalent.

***If there is no Fellow of the RACP in general and acute care medicine at a site**, trainees can meet this requirement by nominating a third supervisor who is not at the site and who is a Fellow of the RACP in general and acute care medicine. One of the on-site supervisors must be a Fellow of the RACP.

Transitional arrangements for 2026
For 2026 only, as a transitional arrangement, trainees can follow the below supervision requirements if they are unable to meet the supervision requirements for core training above:

- 1 x supervisor per rotation, who is a Fellow of the RACP and actively practising in general medicine
- 1 x supervisor per rotation, who is a Fellow of the RACP.

2026 Subspecialty training transitional arrangements

- 2 x supervisors who are Fellows of the RACP or another College (appropriate to the rotation) per rotation

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 the College to confirm supervisor eligibility.

Research project supervisor

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

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

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

Assessment

Assessment blueprint

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

	Assessments			
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 and service 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. Shared decision making with patients and carers	Could assess	Could assess	Will assess	x
10. Prescribing	Could assess	Could assess	Will assess	x
11. Procedures	Could assess	Could assess	Will assess	x
12. Diagnostic decision making	Could assess	Could assess	Will assess	Could assess
13. Ambulatory care	Could assess	Could assess	Will assess	Could assess
14. End-of-life care	Could assess	Could assess	Will assess	Could assess
15. General medicine presentations and conditions	Could assess	Could assess	Will assess	Could assess

	Assessments			
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Research project**
16. Acute care presentations and conditions	Could assess	Could assess	Will assess	Could assess
17. Obstetric medicine	Could assess	Could assess	Will assess	Could assess
18. Perioperative medicine	Could assess	Could assess	Will assess	Could assess
19. Health equity	Could assess	Could assess	Will assess	Could assess

Learning capture

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

Observation capture

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

Progress report

Requirement
4 progress reports per phase of training, minimum 1 every 3 months. *Refer to RACP Flexible Training Policy for on part-time training (item 4.2).*
Description
A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.
Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
How to complete it
Progress reports 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 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 reviewed by the training committee as pass, fail or resubmit, 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 submission deadlines each year for Advanced Training Research Projects. Trainees may submit their research project at any time; however, submissions received between deadlines will be distributed for review after the next published deadline.

Deadlines: 30 March, 30 May, or 1-15 September (submission window).

Roles and responsibilities

Advanced Trainee

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

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

Rotation supervisor

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

• Be aware of the educational requirements outlined in the relevant curricula and education policies.
• Oversee and support the progression of Advanced Trainees within the setting:
  ○ assist trainees to plan their learning during the rotation
  ○ support colleagues to complete observation captures with trainees
  ○ provide feedback to trainees through progress reports.
• Actively participate in accreditation activities 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 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 Aotearoa New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.

Responsibilities

- Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
    - Manage and contribute to the review of 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

Appendix 1

Fellow role requirements - Aotearoa New Zealand trainees

- The trainee must have completed 6 months core General Medicine prior to this run.
- The trainee must have completed 24 months of Advanced Training in General and Acute Care Medicine.
- Ideally, the high acuity requirement should have already been met.
- Advanced Training Research Project should be underway / completed.
- Administration or project time should be included in the timetable.
- Supervised weekly post-acute ward rounds for the first month and then reduced to once a month in timetable.
- Weekly paper rounds and peer review of difficult cases must be available.
- Senior medical officer (SMO) back-up required when on call, including shadow call for out of hours acute duties (overnight and weekends).