

NEW CURRICULA

2025 Learning, teaching, and assessment programs

Advanced Training in Rehabilitation Medicine (adult)



RACP
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About this document

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

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

Modified 2025 assessment program requirements

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

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

- 1 x learning capture every 3 months (4 total in 2025, reduced from 12)
- 1 x observation capture every 3 months (4 total in 2025, reduced from 8)
- 1 x progress report every 6 months (2 total in 2025, reduced from 4)

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

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

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Program overview

CURRICULUM STANDARDS

The [curriculum standards](#) are summarised as 23 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

| | |
|-------------|--|
| BE | 1. Professional behaviours |
| DO | 2. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Clinical assessment and management of function 6. Handover of care 7. Longitudinal care 8. Communication with patients 9. Procedures 10. Clinic management |
| KNOW | 11. Traumatic brain injury 12. Stroke management 13. Neurological conditions 14. Spinal cord dysfunction 15. Amputation of limb and prosthetics 16. Musculoskeletal conditions 17. Cardiac and respiratory conditions 18. Adults with disabilities arising in childhood 19. Rehabilitation of older people 20. Rehabilitation of other specific conditions 21. Pain 22. Orthotics and footwear 23. Spasticity and its management |

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 four phases. These phases establish clear checkpoints for trainee progression and completion.



Entry criteria

Prospective trainees must have:

- completed 2 years full time (or full-time equivalent) of supervised postgraduate general clinical experience in a health-related field (post primary medical degree) within the last 5 years.
- completed an advanced life support course within 12 months prior to commencing training.
- 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 AFRM-accredited clinical training position for core Advanced Training in Rehabilitation Medicine.

LTA PROGRAMS

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

Entry

- 1 [training application](#)

Learning

Minimum 48 months FTE [professional experience](#)

- 1 [rotation plan](#) per rotation (for 12-month rotations, 1 rotation plan per 6 months)

- 2 [case reports](#)

- 9 [learning courses](#)

- 1 [experiential logbook](#) (optional)

[Recommended resources](#)

Teaching

- 2 [supervisors](#) per rotation

- 1 [research project supervisor](#)

Assessment

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

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

- 4 [in-training long case assessments](#) (1 directly observed) per phase

- 4 [progress reports](#) per phase (reduced to 2 for 2025 only)

- 1 [AFRM entry phase examination](#)

- 1 [AFRM fellowship written examination](#)

- 1 [AFRM fellowship clinical examination](#)

- 1 [research project](#)

About the program

Purpose of Advanced Training

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

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

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

Overview of specialty

The Australasian Faculty of Rehabilitation Medicine's (AFRM's) focus on interdisciplinary training and teamwork makes the rehabilitation medicine physician the best qualified specialist to lead teams of allied health staff, nurses, and other medical practitioners (specialists or general practitioners) in providing coordinated, patient-focused, individualised programs of goal-directed rehabilitative care.

Rehabilitation medicine is a:

- Principal Medical Specialty in Australia and a Vocational Scope of Practice in New Zealand
- diverse specialty whose members are trained to facilitate the best possible recovery of function over the full range of common and uncommon medical and surgical conditions seen in contemporary practice
- practice that's collaborative and involves input from a diverse range of health professionals focused on optimising the health and wellbeing of those with short-term or long-term disability.

Rehabilitation medicine physicians:

- use knowledge and skills – developed through the AFRM training program, equivalent overseas or post-fellowship training – to manage all patient types with medical, musculoskeletal, neurological and neuromuscular disorders, with an emphasis on maximising functional ability and quality of life
- diagnose and treat patients from adolescence and young adulthood through to the older people
- can manage children in certain circumstances but generally do not provide a full range of rehabilitation services to children – see Paediatric Rehabilitation: Rehabilitation Scope of Practice

- treat patients affected by function limiting and/or painful conditions involving the central, peripheral and autonomic nervous systems, the cardiopulmonary and musculoskeletal systems, as well as those who experience disability due to illness or injury affecting other body systems
- hold a unique blend of education, training and experience, which makes the rehabilitation medicine physician an ideal treating or consulting physician for patients who have impaired function due to debility and deconditioning, including older patients and those with reduced function as a result of chronic diseases or other complex health conditions
- are experts in the assessment, treatment, and management of people with permanent disability as a result of injury or illness
- are well placed to manage patients with occupational or sports-related musculoskeletal or neuromuscular injuries
- use appropriate laboratory and imaging studies, but are also trained in the clinical interpretation of other diagnostic studies that evaluate musculoskeletal and neuromuscular systems such as CT, bone scan, MRI, and musculoskeletal ultrasound
- are specially trained in the use of therapeutic exercise, orthotics, prosthetics, and other rehabilitation equipment and modalities, and can prescribe these precisely to meet patients' specific needs
- may engage in the delivery of health services through new models of care and modalities, such as in-reach rehabilitation, early supported discharge, rehabilitation in the home and other community rehabilitation and integrated care models, reablement and restorative models of care, and ambulatory care services, as well as virtually via telerehabilitation
- possess a holistic approach, with experience in integrated care with primary care physicians, and training in leading interdisciplinary teams
- are skilled in secondary and tertiary prevention for ambulatory patients in the community, such as in ambulatory care services and interdisciplinary falls prevention services, as well as for patients who have stroke, neurological or musculoskeletal conditions, osteoporotic fractures or fragility, to prevent relapse or recurrence of injury or to improve function or quality of life.

Rehabilitation medicine physicians who have completed rehabilitation medicine specialty training have adequate training in the following areas:

1. inpatient and outpatient musculoskeletal and neurological assessment, diagnosis, and rehabilitation
2. acute and persistent pain management
3. injury prevention, conditioning, fitness, and wellness
4. non-surgical spine medicine and rehabilitation
5. rehabilitation management of sports and sports injuries
6. rehabilitation management of occupational injuries and vocational rehabilitation
7. therapeutic and diagnostic injection techniques, such as trigger point, soft tissue, and joint injections
8. assessments of function, disability, and impairment
9. prosthetic and orthotic prescription
10. mobility aid, wheelchair, and seating prescription

11. rehabilitation management of patients with (upper and lower) limb amputations or limb deficiency
12. rehabilitation management of patients with acquired brain injury
13. rehabilitation management of patients with spinal cord impairment through injury or disease
14. management of spasticity, dystonia, and hypertonia
15. rehabilitation management of rheumatological and other joint diseases and arthroplasty (pre- and post-surgery), and post-fracture rehabilitative care
16. tissue disorders such as burns, ulcers, lymphoedema, and wound care
17. rehabilitation management of older people, including the management of frailty and geriatric syndromes
18. rehabilitation management of pulmonary and cardiac conditions
19. rehabilitation management of oncological conditions (pre- and post-treatment, and recovery)
20. rehabilitation of patients who are debilitated or deconditioned as a result of multi-system disease, prolonged immobilisation, or prolonged hospitalisation
21. rehabilitation and coordination of care and management of individuals with developmental and intellectual disorders such as cerebral palsy, spina bifida, and other congenital disorders
22. long-term management of the person with disability, in liaison with the individual, their family, their general practitioner and other health care providers
23. chronic diseases management, particularly in secondary and tertiary prevention, to prevent relapse or recurrence of conditions, and to improve function and quality of patients, such as falls prevention and osteoporotic re-fracture prevention
24. leadership and clinical and administrative management of rehabilitation medicine services and other related clinical services.

In addition, some rehabilitation physicians can demonstrate qualifications and expertise that qualifies them to practice in other areas:

1. interventional diagnostic and therapeutic spinal and peripheral pain management procedures using x-ray and ultrasound guidance
2. interventional techniques for spasticity management
3. electrodiagnostic medicine
4. manual medicine techniques
5. assessment of capacity and of permanent impairment, preparation of medical and medicolegal reports, and provision of expert medical opinion in rehabilitation medicine.

Supervising committee

The program is supervised by the Faculty Training Committee in Rehabilitation Medicine.

Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Australasian Faculty of Rehabilitation Medicine.

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 four phases. These phases will establish clear checkpoints for trainee progression and completion.

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

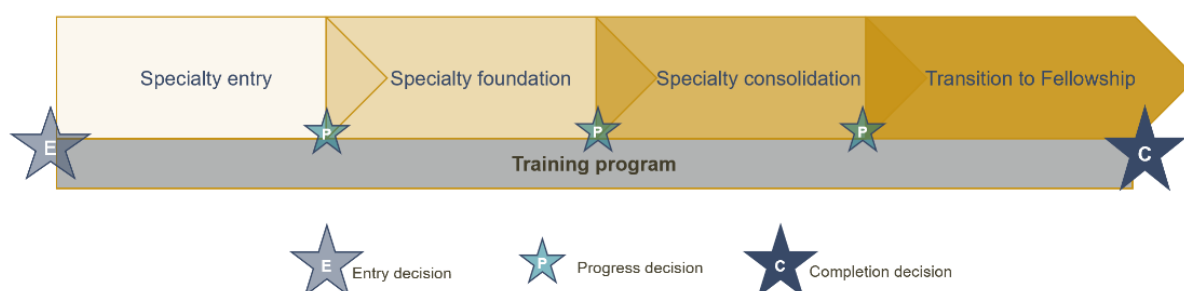


Figure: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



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

Entry criteria

| | |
|-------------------------|---|
| Entry attributes | <p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none">• a commitment and capability to pursue a career as a physician in rehabilitation medicine.• the ability and willingness to achieve the common learning goals for Advanced Training:<ul style="list-style-type: none">• team leadership• supervision and teaching• the professional behaviours, as outlined in the Competencies |
| Entry criteria | <p>Prospective trainees must have:</p> <ul style="list-style-type: none">• completed 2 years full time (or full-time equivalent) of supervised postgraduate general clinical experience in a health-related field (post primary medical degree) within the last 5 years.• completed an advanced life support (ALS) course within 12 months prior to commencing training.• 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 AFRM-accredited clinical training position for core Advanced Training in Rehabilitation Medicine. <p>ALS course</p> <p>Trainees should refer to the RACP's Minimum Standards for Resuscitation Competency for Basic Physician Trainees (Australia trainees) and the ANZCOR guidelines for Adult Advanced Life Support (Aotearoa New Zealand trainees).</p> <p>The RACP doesn't endorse any ALS course provider, however the course should be Australian Resuscitation Council (ARC) accredited. Level 1, Level 2 and ALS recertification courses are acceptable.</p> <p>ALS certificates from the following organisations are recognised by the ARC and accepted towards the ALS requirement:</p> <ul style="list-style-type: none">• Resuscitation Council - United Kingdom - RC(UK)• New Zealand Resuscitation Council (NZRC)• European Resuscitation Council (ERC) |

Progression criteria

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

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

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

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

Learning goals

The [curriculum standards](#) are summarised as **23** learning goals.

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

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

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

| | | Progression criteria | | | | Completion criteria |
|----|--|---|---|---|---|---|
| | Learning goals | Entry into training <i>At entry into the program, trainees will:</i> | Specialty entry <i>By the end of this phase, trainees will:</i> | Specialty foundation <i>By the end of this phase, trainees will:</i> | Specialty consolidation <i>By the end of this phase, trainees will:</i> | Transition to fellowship <i>By the end of training, trainees will:</i> |
| Be | 1. Professional behaviours | Level 4 need to work on behaviour in 1 or 2 domains of professional practice | Level 4 need to work on behaviour in 1 or 2 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 |
| | 2. Team leadership: Lead a team of health professionals | Level 1 be able to be present and observe | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| Do | 3. Supervision and teaching: Supervise and teach professional colleagues | Level 2 be able to act with direct supervision | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 4. Quality improvement: Identify and address failures in health care delivery | Level 1 be able to be present and observe | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 5. Clinical assessment and management of function: Clinically assess and manage the ongoing care of patients | Level 2 be able to act with direct supervision | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 6. Handover of care: Manage the handover of patient care between health care professionals, providers, and contexts | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 7. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues | Level 1 be able to be present and observe | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 8. Communication with patients: Discuss diagnoses and management plans with patients | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |

| | | Progression criteria | | | | Completion criteria |
|------|---|---|--|--|---|--|
| | Learning goals | Entry into training <i>At entry into the program, trainees will:</i> | Specialty entry <i>By the end of this phase, trainees will:</i> | 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> |
| | 9. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures | Level 1 be able to be present and observe | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 10. Clinic management: Manage an outpatients clinic | Level 1 be able to be present and observe | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| Know | 11. Traumatic brain injury | Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to patient care (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 12. Stroke management | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 13. Neurological conditions | Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 14. Spinal cord dysfunction | Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |

| | | Progression criteria | | | | Completion criteria |
|--|--|---|--|--|---|--|
| | Learning goals | Entry into training <i>At entry into the program, trainees will:</i> | Specialty entry <i>By the end of this phase, trainees will:</i> | 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> |
| | 15. Amputation of limb and prosthetics | Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 16. Musculoskeletal conditions | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 17. Cardiac and respiratory conditions | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 18. Adults with disabilities arising in childhood | Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 19. Rehabilitation of older people | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |

| | | Progression criteria | | | | Completion criteria |
|--|--|---|--|--|---|--|
| | Learning goals | Entry into training <i>At entry into the program, trainees will:</i> | Specialty entry <i>By the end of this phase, trainees will:</i> | 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> |
| | 20. Rehabilitation of other specific conditions | Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 21. Pain | Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 22. Orthotics and footwear | Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |
| | 23. Spasticity and its management | Level 1 have heard of some of the topics in this knowledge guide that underpin specialty practice (<i>heard of</i>) | Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |

Learning, teaching, and assessment requirements

Overview

Requirements over the course of training

| What do trainees need to do? | When do trainees need to do it? |
|---|---|
| Entry | |
| 1 training application | Before the specialty entry phase. Due 28 February if starting at the beginning of the year and 31 August if starting mid-year. |
| Learning | |
| Minimum 48 months full time equivalent (FTE) professional experience | Minimum 12 months FTE during each phase. |
| RACP Advanced Training Orientation resource | During the first 6 months of the specialty entry 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. 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. |
| RACP Communication Skills resource | Before the end of Advanced Training. |
| RACP Ethics resource | Before the end of Advanced Training. |
| RACP Introduction to Leadership, Management and Teamwork resource | Before the end of Advanced Training. |
| RACP Clinical neuropsychology resource | Before the end of Advanced Training. Available in 2025. |
| Functional Independence Measure Training course | Before the end of Advanced Training. |
| 1 experiential logbook | Optional. |
| 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 AFRM entry phase examination | During the specialty entry phase. |
| 1 AFRM fellowship written examination | During the specialty consolidation phase or the transition to fellowship phase. |
| 1 AFRM fellowship clinical examination | During the specialty consolidation phase or the transition to fellowship phase. |
| 2 case reports | Before the end of Advanced Training. |
| 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 (for 12-month rotations, 1 rotation plan per 6 months) | At the start of (or prior to starting) the rotation. Due 28 February for rotations in the first half or whole of the year and 31 August for rotations in the second half of the year. |
| Teaching | |
| Nominate 2 supervisors per rotation | At the start of each accredited or approved training rotation. |
| Assessment | |
| 12 learning captures (reduced to 4 for 2025 only) | Minimum 1 per month (for 2025 only, reduced to minimum 1 every 3 months). |
| 8 observation captures (reduced to 4 for 2025 only) | Minimum 2 every 3 months (for 2025 only, reduced to minimum 1 every 3 months). |
| 4 in-training long case assessments (1 directly observed) | Minimum 1 every 3 months. |
| 4 progress reports (reduced to 2 for 2025 only) | Minimum 1 every 3 months (for 2025 only, reduced to minimum 1 every 6 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

| |
|---|
| Professional experience |
| <ul style="list-style-type: none">Complete at least 48 months of relevant professional experience in approved rotations. |
| Location of training |
| <ul style="list-style-type: none">Complete training in at least 2 different accredited training settings.Complete at least 36 months of training in accredited training settings in Australia and/or Aotearoa New Zealand, with the exception of trainees based in Hong Kong and Singapore.Trainees considering training in overseas positions should seek guidance from the Faculty Training Committee prior to accepting a position. |
| Experiential requirements |
| <ul style="list-style-type: none">Minimum 36 months core training spent in AFRM-accredited settings.Maximum 12 months non-core training in other clinical training disciplines or in research. <p>The Faculty Training Committee prospectively approves non-core training on a case-by-case basis.</p> <p>Non-core training time will only be considered if there is a substantial (minimum 0.5 FTE) clinical component equivalent to Advanced Training.</p> |

Rotation plan

| |
|---|
| Requirement |
| <p>1 x rotation plan per rotation (for 12-month rotations, 1 rotation plan per 6 months).</p> <p>If completing a 12-month rotation, trainees are to complete:</p> <ul style="list-style-type: none">1 x rotation plan covering the first 6 months1 x rotation plan covering the second 6 months. |
| Description |
| <p>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.</p> |
| Purpose |
| <p>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.</p> |
| 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.

For 12-month rotations, trainees can submit both rotation plans at the start of the rotation. If unsure of their learning goal coverage for the second 6 months, trainees can add their coverage to that plan later in the rotation.

Case report

Requirement

2 x case reports over the course of Advanced Training.

Description

The case report tool is currently under development. More information on the tool and how to complete it will be available in early 2025.

Courses

RACP Advanced Training Orientation resource

Requirement

1 x RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty entry 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), completed by the end of Advanced Training.

Description

The SPDP consists of 3 workshops:

- Educational Leadership and Management
- Learning Environment and Culture
- Teaching and Facilitating Learning for Safe Practice

See [Supervisor Professional Development Program](#) for more information on the program.

Purpose

This requirement aims to prepare trainees for a supervisory/educator role in the workplace and supports trainees' learning aligned with the "team leadership" and "supervision and teaching" learning goals.

How to complete it

[Register for a supervisor workshop](#).

Trainees can complete the SPDP in three ways:

- Virtual workshops

- Face-to-face workshops
- Online courses.

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

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

Requirement

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

Trainees must complete the resource by the end of their Advanced Training however it's recommended they complete it before the specialty consolidation phase.

Description

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

Estimated completion time: 2 hours.

Purpose

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

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

How to complete it

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

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

RACP Health Policy, Systems and Advocacy resource

Requirement

1 x RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.

Description

This resource has been designed for Advanced Trainees, as an introduction to health policy, systems, and advocacy.

Estimated completion time: 5 hours.

Purpose

The resource aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.

How to complete it

Trainees can complete the [RACP Health Policy, Systems and Advocacy resource](#) on RACP Online Learning.

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

RACP Communication Skills resource

Requirement

1 x RACP Communication Skills resource, completed by the end of Advanced Training.

Description

The communication skills online resource is a self-directed resource covering communication skills and frameworks to help trainees work through everyday conversations they will have as a physician.

Estimated completion time: 2.5 hours.

How to complete it

Trainees can complete the [RACP Communication Skills 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 Ethics resource

Requirement

1 x RACP Ethics resource, completed by the end of Advanced Training.

Description

In this resource trainees will learn about, discuss and reflect on the main ethical issues facing physicians.

Estimated completion time: 3.5 hours.

How to complete it

Trainees can complete the [RACP Ethics 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 Introduction to Leadership, Management and Teamwork resource

Requirement

1 x RACP Introduction to Leadership, Management and Teamwork resource, completed by the end of Advanced Training.

Description

This resource supports trainee development in leadership, management and teamwork skills and work effectively in multi-disciplinary teams.

Estimated completion time: 1 hour.

How to complete it

Trainees can complete the [RACP Introduction to Leadership, Management and Teamwork 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 clinical neuropsychology resource

Requirement

1 x RACP clinical neuropsychology resource, completed by the end of Advanced Training.

Overview

More information on this resource will be available in 2025.

Functional Independence Measure™ training course

Requirement

1 x Functional Independence Measure (FIM™) training course, completed by the end of Advanced Training.

Description

The FIM™ training course is run by the Australasian Rehabilitation Outcomes Centre. The course provides an important tool for rehabilitation physicians.

FIM™ is a functional assessment scale for collecting uniform measurement and data on disability and rehabilitation outcomes.

Rehabilitation physicians, as well as most staff members in rehabilitation units, are expected to be FIM™ credentialed.

How to complete it

See the [Australasian Rehabilitation Outcomes Centre](#) for information on how to complete the course.

Trainees will need to provide evidence of course completion via the assessment requirements tab in [TMP](#).

Experiential logbook (optional)

Requirement

1 x experiential logbook, completed by the end of Advanced Training (optional).

Description

The logbook is a learning tool that helps trainees capture data about and reflect on specific workplace experiences. The logbook tool is currently under development. More information on the tool and how to complete it will be available in early 2025.

Recommended resources

- [RACP Research Projects resource](#)
- [RACP eLearning resources](#)
- [RACP curated collections](#)

Teaching

Supervision

Rotation supervisors

Trainees are to have minimum 1 x supervisor per rotation, however 2 x supervisors are recommended:

- 1 or 2 supervisor/s, who is a Fellow of the AFRM and actively practising in rehabilitation medicine
- for training outside of rehabilitation medicine: 1 supervisor, who is a Fellow of the AFRM, RACP or other appropriate college

It's also recommended that trainees have a training program director/training setting coordinator.

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 (and associated curricula standards) *could be* and *will be* covered by the assessment tools.

| Learning goals | Assessment tools | | | | | | | |
|---|------------------|---------------------|-----------------|------------------|--------------|--------------|--------------|--------------|
| | Learning capture | Observation capture | Progress report | Research project | ITLCA | AFRM EPE | AFRM FWE | AFRM FCE |
| 1. Professional behaviours | Could assess | Could assess | Will assess | Will assess | Could assess | Will assess | Could assess | Could assess |
| 2. Team leadership | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 3. Supervision and teaching | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 4. Quality improvement | Could assess | Could assess | Will assess | Could assess | Could assess | Could assess | Could assess | Could assess |
| 5. Clinical assessment and management of function | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 6. Handover of care | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 7. Longitudinal care | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 8. Communication with patients | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 9. Procedures | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 10. Clinic management | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |

| | | | | | | | | |
|--|--------------|--------------|-------------|---|--------------|--------------|--------------|--------------|
| 11. Traumatic brain injury | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 12. Stroke | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 13. Neurological conditions | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 14. Spinal cord dysfunction | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 15. Amputation of limb and prosthetics | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 16. Musculoskeletal conditions | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 17. Cardiac and respiratory conditions | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 18. Adults with disabilities arising in childhood | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 19. Rehabilitation of older people | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 20. Rehabilitation of other specific conditions | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 21. Pain | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 22. Orthotics and footwear | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |
| 23. Spasticity and its management | Could assess | Could assess | Will assess | x | Could assess | Could assess | Could assess | Could assess |

Learning capture

Requirement

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

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

Description

The learning capture is a work-based assessment that involves a trainee capturing, and reflecting on, professional development activities, including evidence of work-based learning linked to specific learning goals.

Purpose

The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.

How to complete it

The learning capture is completed via [TMP](#) under the assessment requirements tab.

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

Observation capture

Requirement

8 x observation captures per phase of training, minimum 2 every 3 months (reduced to 4 x observation captures for 2025 only, minimum of 1 every 3 months).

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

Description

An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations, while assessors observe and evaluate performance.

Purpose

The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.

How to complete it

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

For more information on how to complete an observation capture review the [training resources](#).

In-training long case assessments

Requirement

4 x in-training long case assessments (ITLCA) per phase, minimum 1 every 3 months.

A minimum of 1 ITLCA per phase must be directly observed by an assessor.

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

Description

An ITLCA is an assessment that evaluates trainees in real life settings and assesses their level of professional expertise and judgement exercised in clinical cases.

The assessment is designed to:

- guide trainees' learning through structured feedback
- help improve trainees' communication, history taking, clinical decision making, clinical knowledge and patient management
- provide trainees with an opportunity to discuss their approach to the case and identify strategies to improve their practice
- be a teaching opportunity allowing assessors to share their professional knowledge and experience

Consultation

Trainees are responsible for ensuring that adequate encounters are completed, covering a range of learning goals.

Areas of assessment include:

- clinical examination
- history taking
- clinical findings and interpretation
- short-term management plan
- impact of illness on patient and family
- long term management plan

How to complete it

Step-by-step

Preparation

1. Trainees need to initiate the ITLCA with their supervisor/assessor, advising which learning goals require assessment.
2. The supervisor/assessor selects an appropriate consultation for assessment.
3. Trainees need to confirm that they agree to the chosen consultation.

Each assessment should represent a different clinical problem addressed in the learning goals.

4. Ensure the trainee and supervisor/assessor have a clear understanding of the purpose, process and outcomes they aim to achieve during the assessment.

Assessment | 90 minutes

5. Trainees begin with spending 60 minutes with the patient. During this time, the trainee completes a consultation form.

For observed ITLCAs only, the assessor observes the consultation and rates the trainee's performance on the [long case assessment rating form](#).

6. The trainee gives their completed consultation form to the assessor for them to read before the interview component begins.
7. For 20 minutes, trainees discuss the case with their assessor. The discussion begins with 2 to 3 minutes of the trainee summarising their clinical findings, history and brief management plan.

Discussion then switches to the trainee's analysis of the:

- o problems
- o disability
- o rehabilitation issues relevant to the patient
- o long-term rehabilitation management plan

The assessor can prompt for further information if required.

8. The assessor will make notes and rate the trainee's performance on the long case assessment rating form throughout the interview session.
9. Following the discussion of the case, the assessor will provide the trainee with feedback, which will cover how well they did and what areas need improvement.

If any significant areas of weakness are identified during the consultation, the trainee and supervisor/assessor should devise a remediation plan.

10. The trainee and assessor must sign the rating form.

Submit record

Trainees will need to submit the rating form via the assessment requirements tab in [TMP](#).

Trainees must take a copy of the rating form to all their meetings with their training supervisor.

Progress report

Requirement

4 x progress reports per phase of training, minimum 1 every 3 months (reduced to 2 x progress reports for 2025 only, minimum of 1 every 6 months).

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

Description

A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.

Purpose

Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.

How to complete it

Progress reports will be completed using TMP from mid-2025. Instructions on how to complete a progress report during the first half of 2025 will be available in early 2025.

AFRM entry phase examination

Requirement

1 x AFRM entry phase examination, completed during the specialty entry phase.

Description

The AFRM entry phase examination is a 10-station objective structured clinical exam (OSCE), which has a combination of live and static stations.

The AFRM entry phase examination replaces the AFRM module 2 clinical assessment in 2025 for all trainees.

Eligibility

To be eligible to sit the examination, trainees must:

- be accepted in Rehabilitation Medicine Advanced Training in an accredited and/or approved training position or on an approved training interruption
- have current medical registration
- apply by the due date
- pay any outstanding College fees
- have not exceeded the exam attempt limits and comply with all other [Progression Through Training Policy](#) requirements.

Only trainees with no outstanding College fees are eligible to sit the exam. See [College Fees Terms and Conditions](#).

Examination attempt limits and progression

Trainees who started in 2025

Trainees are allowed three attempts to successfully complete the AFRM entry phase examination.

Trainees need to successfully complete the AFRM entry phase examination to progress into the specialty foundation phase.

Trainees who started in 2024

Trainees are allowed three attempts to successfully complete either the AFRM entry phase examination and/or the AFRM module 2 clinical assessment.

Trainees need to successfully complete either module 2 (2024) or the AFRM entry phase examination (2025 onwards) to progress into the specialty consolidation phase.

Purpose

The purpose of the AFRM entry phase examination is to assess trainee readiness for the next stage of their training by demonstrating competence in foundational concepts, clinical skills and knowledge as outlined in the rehabilitation medicine (adult) new curriculum.

How to complete it

For full assessment details including how to apply and prepare, what to expect on exam day, and the results process, see the [AFRM entry phase examination webpage](#).

AFRM fellowship written examination

Description

The fellowship written examination is designed to test trainees' skills in:

- evaluating and assessing complex problems of a clinical or administrative nature
- communicating relevant information in a clear written form, within the time available
- demonstrating an awareness of the judgement of priorities and the importance of sensitive interdisciplinary planning and liaison
- adopting an orderly, logical and mature approach to current areas of debate and controversy in disability management

For full examination details, see [AFRM fellowship written examination](#).

AFRM fellowship clinical examination

Description

The fellowship clinical examination will test trainees' clinical knowledge and skills in rehabilitation medicine in a hospital setting. Trainees must perform a competent clinical examination and analyse and interpret findings to manage patient outcomes.

For full examination details, see [AFRM fellowship clinical examination](#).

Research project

Requirement

1 x research project over the course of Advanced Training.

Description

The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.

Research projects are not required to be specialty-specific but are required to be broadly relevant to trainees' area of specialty. Broadly relevant can be defined as topics that can enhance, complement and inform trainees' practice in the chosen specialty.

Three types of research projects are accepted:

- Research in human subjects, populations and communities or laboratory research
- Audit
- Systematic review

The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.

The research project is marked by the training committee as Satisfactory or Unsatisfactory and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.

Purpose

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

How to complete it

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

Email research project submissions to Research.Project@racp.edu.au by one of the following deadlines:

- 31 March
- 15 June
- 15 September.

Roles and responsibilities

Advanced Trainee

Role

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

Responsibilities

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

Rotation supervisor

Role

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

Responsibilities

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

Assessor

Role

A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include consultants and other medical professionals, allied health professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.

Responsibilities

- Be aware of the learning goals of the training program.
- Provide feedback to support the progression of Advanced Trainees within the setting:
 - Complete Observation Captures.
 - Provide feedback on Learning Captures as required.

Progress Review Panel

Role

A group convened to make evidence-based decisions on Advanced Trainees' progression through and certification of training.

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

Responsibilities

- Review and assess trainees' progress.
- Communicate and report on progression decisions.
- Monitor delivery of the Advanced Training program.
- Ensure compliance to regulatory, policy and ethical matters.

RACP oversight committees

Role

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

Responsibilities

- Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
 - Manage and review program requirements, accreditation requirements, and supervision requirements.
 - Monitor implementation of training program requirements.
 - Implement RACP education policy.
 - Oversee trainees' progression through the training program.
 - Monitor the accreditation of training settings.
 - Case manage trainees on the Training Support pathway.

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

Resources

See [RACP Online Learning](#) for new curricula training and support resources.

For trainees

- [Education policies](#)
- [Trainee support](#)
- [Trainee responsibilities](#)
- [Accredited settings](#)
- [Training fees](#)

For supervisors

- [Supervisor Professional Development Program](#)
- [RACP Research Supervision resource](#)
- [RACP Training Support resource](#)
- [RACP Creating a Safe Workplace resource](#)