

# New curricula

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## Learning, teaching, and assessment requirements – 2024 transition year

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



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#### About this document

This document outlines the 2024 transition year learning, teaching, and assessment (LTA) requirements for first year trainees enrolled in the new Geriatric Medicine Advanced Training program in 2024.

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

2024 is a transition year that introduces components of the new Geriatric Medicine Advanced Training program and retains some components of the current Physician Readiness for Expert Practice (PREP) program. More new training program components will be introduced and will replace PREP requirements over 2025-2026.

The gradual rollout of new program requirements will be planned on the principle of no disadvantage to trainees. Information about additional changes planned for 2025 will be shared with all impacted trainees and supervisors ahead of the start of the 2025 clinical year.

For more information or to provide feedback contact [curriculum@racp.edu.au](mailto:curriculum@racp.edu.au).

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# Program overview

## CURRICULUM STANDARDS

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

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

## LTA STRUCTURE

The learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards in the program. The program is structured in three phases. These phases establish clear checkpoints for trainee progression and completion.



### Entry criteria

Prospective trainees must have:

- completed RACP Basic Training, including the Written and Clinical Examinations
- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.
- an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

## LTA REQUIREMENTS

The LTA requirements are the strategies and methods used to learn, teach, and assess the curricula standards.

During the 2024 transition year, LTA requirements are a mix of new program and PREP requirements.

### Requirements in 2024

#### Registration

- 1 [registration form](#)

#### Teaching

- 2 [education supervisors](#)

#### Assessment

- 1 [learning plan](#)
- 2 [professional qualities reflections](#)
- 4 [mini-clinical evaluation exercises](#)
- 4 [case-based discussions](#)
- 2 [supervisor's reports](#)

### Requirements over the course of training

#### Learning

Minimum 36 months FTE [professional experience](#)

[RACP Advanced Training Orientation resource](#)\*

[RACP Supervisor Professional Development Program](#)

[RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource](#)

[RACP Health Policy, Systems and Advocacy resource](#)

[Recommended resources](#)

#### Assessment

- 1 [research project](#)

\*Resource will be available in 2025.

# About the program

## 2024 transition year

### The new program

The College has revised the Advanced Training in Geriatric Medicine program to place more emphasis on competency in training.

This includes:

- new curriculum standards summarised as defined learning goals, assessed throughout training.
- a new learning, teaching, and assessment structure in line with contemporary best practice in medical education.

The new curricula standards will provide trainees with more explicit guidance about the standard they need to meet and support them to focus their training on improving core competencies.

## 2024 transition year

Implementation of the new Advanced Training in Geriatric Medicine program will commence with a transition year in 2024, which will involve:

- first year trainees being enrolled under the new curriculum standards
- implementing the new program components that can be supported with existing technology
- retaining the existing PREP work-based assessment tools for 2024

## Changes we're working on for 2025

### Technology

The new program will introduce a new education technology platform to support the new curriculum and work-based assessments. Technology is anticipated to be available by 2025.

### Assessment tools

New assessment tools available in 2025 will directly link to the learning goals to ensure that trainees are able to demonstrate learning across the breadth of the curriculum. Each assessment aims to provide a snapshot of trainee progress and feedback for further improvement.

### Programmatic assessment and decision-making

Progression decisions will be based on the level of competence achieved for each learning goal, spanning the breadth of the curriculum standards. Important decisions are based on assessments throughout the program and mapped to learning goals.

To find out more about the full new program, see the [2025 learning, teaching, and assessment programs](#).

## Purpose of Advanced Training

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

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

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

## Overview of specialty

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

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

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

- **Acute medical care of the older patient.** The approach of a geriatrician is to reduce the incidence of post-acute syndromes and functional decline associated with hospitalisation.
- **Managing geriatric syndromes.** Geriatricians manage disorders characterised by the combination of age-related changes, accumulated pathology, polypharmacy, and acute illness. An important component in the management of geriatric syndromes is reducing the threshold for the occurrence of falls, delirium, and incontinence. Geriatricians manage patient, carer, and family goals responsively and flexibly, according to patient needs.
- **Managing pharmacology and polypharmacy issues.** Geriatricians have expertise in the management of older people with complex and/or multifactorial medication requirements.
- **Providing hospital consultation/liaison services.** The role of the geriatrician is extremely valuable across the broad spectrum of health care, including general geriatric medicine services or highly specialised services, such as orthogeriatrics and perioperative medicine.
- **Outpatient clinics.** Geriatricians deliver geriatric medicine clinics, but also include specialty clinics in areas in which geriatricians have particular expertise, such as cognitive disorders, Parkinson disease, falls, continence, wounds, and chronic pain.

- **Domiciliary care.** Geriatricians conduct home visits and residential aged care facility visits aimed at providing expertise and support to GPs in the care of older people.

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

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

## Supervising committee

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

## Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Royal Australasian College of Physicians (FRACP).

# Learning goals and progression criteria

## Learning, teaching, and assessment (LTA) structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

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



Figure: Advanced Training learning, teaching, and assessment structure

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



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

## Entry criteria

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

## Progression criteria

<b>2024</b>
<p>Training committees will make progression decisions based on satisfactory completion of requirements by the relevant published deadlines.</p>
<b>Subsequent years</b>
<p>To progress to the next phase or to complete the program, trainees can demonstrate:</p> <ul style="list-style-type: none"><li>• the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner</li><li>• achievement of the learning goals to the levels outlined in the <a href="#">learning goal progression criteria</a>.</li></ul> <p>Training committees (or delegated progress review panels) will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.</p> <p>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.</p>



## Learning goals

The [curriculum standards](#) are summarised as **26** learning goals. Learning and assessment activities are linked to the learning goals to ensure that these activities align with the standards and trainees are able to demonstrate learning across the breadth of the curriculum.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale.

Note: Assessment areas and rating scales used in the 2024 assessments (PREP tools and supervisor's report) are not aligned to the new curriculum learning goals.

### Rating scales

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

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

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

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

\*For trainees entering the specialty foundation phase in 2024, assessment areas and rating scales are not aligned to the new curriculum learning goals. Progression decisions for 2024 will be based on satisfactory completion of requirements by the relevant deadlines.

# Learning, teaching, and assessment requirements

## Overview

### Requirements in 2024

What do I need to do?	When do I need to do it?
<b>Registration</b>	
1 <a href="#">registration form</a>	At the start of the phase.
<b>Teaching</b>	
Nominate 2 <a href="#">education supervisors</a>	At the start of each accredited or approved training rotation.
<b>Assessment</b>	
1 <a href="#">learning plan</a>	At the start of the phase.
2 <a href="#">professional qualities reflections</a>	Minimum 1 every 6 months.
4 <a href="#">mini-clinical evaluation exercises</a>	Minimum 2 every 6 months.
4 <a href="#">case-based discussions</a>	Minimum 2 every 6 months.
2 <a href="#">supervisor's reports</a>	Minimum 1 every 6 months.

### Requirements over the course of training

What do I need to do?	When do I need to do it?
<b>Learning</b>	
Minimum 36 months full time equivalent (FTE) <a href="#">professional experience</a>	Minimum 12 months FTE during each phase.
<a href="#">RACP Advanced Training Orientation resource</a>	Before the end of Advanced Training (Available in 2025).
<a href="#">RACP Supervisor Professional Development Program</a>	Before the end of Advanced Training.
<a href="#">RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource</a>	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
<a href="#">RACP Health Policy, Systems and Advocacy resource</a>	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
<a href="#">Recommended resources</a>	Recommended completion over the course of Advanced Training.
<b>Assessment</b>	
1 <a href="#">research project</a>	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

## Registration

	How to register	Deadlines
<b>Australia</b>	<p>Australian trainees can complete their registration <a href="#">online</a></p> <p>If online registration is closed, email an <a href="#">application form</a> (DOC) to <a href="mailto:geriatrics@racp.edu.au">geriatrics@racp.edu.au</a></p>	<p><b>15 February</b>   first half or whole of the current year</p> <p><b>31 August</b>   second half of the current year</p>
<b>Aotearoa New Zealand</b>	<p>Aotearoa New Zealand trainees must email an <a href="#">application form</a> (DOC) to <a href="mailto:geriatrics@racp.org.nz">geriatrics@racp.org.nz</a></p>	<p><b>15 December</b>   first half or whole of the following year</p> <p><b>30 April</b>   May to August rotations</p> <p><b>30 June</b>   second half of the current year</p>

For information on how to interrupt training or withdraw from the program, see [flexible training options](#).

# Learning

## Professional experience

These requirements can be completed in any sequence over the course of training.

### Professional experience

- Complete at least 36 months of relevant professional experience in approved rotations.

### Location of training

- Complete training in at least 2 different accredited training settings.
- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
- Non-accredited settings: training at non-accredited settings can only be undertaken for non-geriatric medicine rotations.

### Experiential training

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

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

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

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

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

### Specific requirements

#### • Core level A

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

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

#### • Core level B

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

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

### Overseas training

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

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

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

## Courses

### RACP Advanced Training Orientation resource

#### Requirements

1 x RACP Advanced Training Orientation resource

#### Deadline

Trainees must complete the resource before the end of Advanced Training.

#### Overview

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

### RACP Supervisor Professional Development Program

#### Requirements

1 x RACP Supervisor Professional Development Program (SPDP)

#### Deadline

Trainees must complete the SPDP by the end of their Advanced Training.

#### Overview



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.

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.

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

### Requirements

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

### Certification

Trainees will immediately receive their certificate on RACP Online Learning when they complete the course. Certification will appear in their Advanced Training Portal in July the year they complete the course.

### Deadline

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

### Overview

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

The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course 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.

### Resources

- [Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course](#)

## RACP Health Policy, Systems and Advocacy resource

### Requirements

1 x RACP Health Policy, Systems and Advocacy resource

### Certification

Trainees will immediately receive their certificate on RACP Online Learning when they complete the course. Certification will appear in their Advanced Training Portal in July the year they complete the course.

### Deadline

Trainees must complete the resource before the end of Advanced Training.

### Overview

This resource has been designed for Advanced Trainees, as an introduction to Health Policy, Systems and Advocacy. It 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.

Estimated completion time: 5 hours.

### Resources

- [RACP Health Policy, Systems and Advocacy resource](#)

## 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

#### Education supervisors

Name 2 individuals for the role of education supervisor:

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

No exemptions apply to dual trainees.

#### Nominating eligible supervisors

Trainees are required to nominate [eligible supervisors](#) who meet the supervision requirements of the training program.

A list of eligible supervisors can be found:

- in the supervision section of the online registration form
- on [MyRACP](#)

The MyRACP list is not available for post-Fellowship trainees. Post-Fellowship trainees can check the list in their online registration form or [contact us](#) to confirm supervisor eligibility.

## Assessment

### Learning plan

#### Requirements

1 x learning plan, at the start of the phase, reviewed every 3 months.

Trainees are not required to submit their learning plan to the College.

#### Overview

The learning plan can be used by trainees to optimise their workplace learning and note learning gaps, and plans to address these, against the new curriculum standards. Trainees consider with their supervisors what learning opportunities are available to achieve their learning goals.

A learning plan can help trainees:

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

#### Resources

- [Geriatric Medicine learning plan](#) (XLS)

### Professional qualities reflection

#### Requirements

2 x professional qualities reflections (PQRs) in 2024, 1 per 6-month period, completed early in the period.

#### Deadlines

**Australia:** 31 January 2025.

**Aotearoa New Zealand:** By the end of the final training rotation of the year.

Submit the PQR via the [Advanced Training Portal](#).

#### Overview

A PQR allows trainees to reflect on an event, or series of events, that is medically or professionally significant to them. Through analysis of the event, trainees will be able to identify and integrate new skills and knowledge to improve their performance.

Reflecting on their professional qualities can cause trainees to question their beliefs, attitudes and behaviours, and develop new ideas and insights to inform their future practice. When planning their PQR, trainees should consider:

- What happened?

- Why did it happen?
- What did they learn?
- How can they improve patient care?
- What action did they or will they take?
- How does this align with the learning goals of the program?

### Choosing an event

Trainees should analyse an event or events that impacts their professional practice and is of relevance to one or more of the training program learning goals.

The event can be positive or negative but doesn't have to be dramatic or life threatening. The event should relate to a variety of different encounters trainees might experience in a healthcare setting.

### Step-by-step

Trainees need to complete the following steps.

1. Go to the [Advanced Training Portal](#).
2. Select the PQR tool and create a new entry.
3. Describe an event, or series of events, of professional significance.
4. Reflect on the event. How did they respond to it?
5. Detail the insights gained from the event(s) and how it will impact their medical professionalism.
6. Submit the completed PQR to their supervisor through their online training portal.
7. Arrange with their supervisor a time to discuss their PQR.
8. At the meeting/interview, discuss their PQR with their supervisor and seek feedback on their future practice.

### Qualified privilege

#### Australia

The Commonwealth Qualified Privilege Scheme for the PQR expired on 1 October 2021.

The PQR was a quality assurance activity that had been declared on behalf of the Minister of Health and Aged Care by the Chief Medical Officer of the Department of Health under Part VC section 124X of the Health Insurance Act 1973 under the [Commonwealth Qualified Privilege Scheme](#).

Documents and information that became known when the activity was a declared quality assurance activity will continue to be protected from disclosure under the Commonwealth Qualified Privilege Scheme.

Statutory protection will not apply to documents or information provided as part of a quality assurance activity after 1 October 2021.

## Aotearoa New Zealand

Information entered in the PQR tool and which has become known solely as a result of the PQR is protected under the Health Practitioners Competence Assurance Act 2003.

The Act outlines conditions which apply to use of the PQR, which include:

- information already existing, for example in patient notes, is not protected
- information entered in the PQR cannot be disclosed to, or recorded by, others who are outside the PQR activity

The Minister of Health can authorise disclosure for investigation purposes if they are satisfied that the material relates to a serious offence.

### Anonymity and confidentiality

The RACP strongly advises de-identifying any information entered in a PQR. Please de-identify any names of patients, peers, persons or organisation(s) to protect the privacy of individuals/organisation(s) in accordance with the Privacy Act 1988 (Cth) and the [Australian Medical Association Privacy Handbook](#).

The College won't release any information that trainees give in this self-reflective tool to any third party without consent unless it's required to do so by law.

If a trainee receives a subpoena or court order requesting quality assurance activity records, they can seek legal advice about whether the records must be produced.

## Mini-clinical evaluation exercise

### Requirements

4 x mini-clinical evaluation exercises (mini-CEXs) completed in 2024, 2 per 6-month period.

### Deadlines

**Australia:** 31 January 2025.

**Aotearoa New Zealand:** By end of the final training rotation of the year.

Submit the mini-CEX via the [Advanced Training Portal](#).

### Overview

The mini-CEX is a formative assessment for trainees to receive timely, structured feedback on their performance in real clinical situations. A mini-CEX aims to:

- evaluate trainees' clinical performance in a real-life setting
- guide trainees' learning and improve clinical performance through structured feedback from an assessor
- identify ways for trainees to improve their practice in areas such as communication, history taking, physical examination and professional practice

### Areas of assessment

Trainees must complete mini-CEXs on a range of cases, each focusing on specific parts of the clinical encounter:

- History taking
- Medical interviewing skills
- Physical examination skills
- Professional qualities
- Counselling skills
- Clinical judgement
- Organisation and efficiency

### Step-by-step

Trainees need to complete the following steps.

1. Arrange a mini-CEX with their assessor – discuss and agree on learning goals that require focus and the assessor will then choose an appropriate consultation.
2. Provide their assessor a [mini-CEX rating form](#).
3. Undertake a patient consultation while being observed by their assessor – allow for 15 to 20 minutes.
4. The assessor will complete the mini-CEX rating form and provide feedback – allow for 10 to 15 minutes.
5. After feedback, both the trainee and assessor sign the rating form.
6. Enter data from the completed mini-CEX rating form into the online mini-CEX tool in the [Advanced Training Portal](#).
7. Submit a copy of the completed form to the assessor using the online mini-CEX tool.

### Resources

- [mini-CEX rating form](#) (PDF)

## Case-based discussion

### Requirements

4 x case-based discussions (CbDs) to be completed in 2024, 2 per 6-month period.

### Deadlines

**Australia:** 31 January 2025.

**Aotearoa New Zealand:** By end of the final training rotation of the year.

Submit the CbD rating form data via the [Advanced Training Portal](#).

### Overview

A CbD is a work-based assessment and Advanced Training Program requirement used to evaluate a trainee's professional judgement in clinical cases.

A CbD involves a comprehensive review of a clinical case or cases between a trainee and an assessor. After the CbD, the assessor provides constructive feedback to help the trainee improve and structure their future learning.

The CbD aims to:

- guide the trainee's learning through structured feedback
- improve clinical decision making, clinical knowledge and patient management
- provide the trainee with an opportunity to discuss their approach to the case and identify strategies to improve their practice
- enable the assessor to share their professional knowledge and experience

An assessor can choose any case or cases where the trainee will play a significant role in clinical decision-making and patient management. The discussion should reflect the trainee's level of experience and be linked to their learning goals.

The discussion may focus on a single complex case or a series of cases covering a wide range of clinical areas. Areas may include:

- record keeping
- history taking
- clinical findings and interpretation
- management plan
- follow-up and future planning

### **Step-by-step**

Trainees need to complete the following steps.

1. Arrange a CbD with their assessor.
2. Their assessor will choose an appropriate case or cases.
3. Confirm the chosen case or cases with their assessor.
4. Provide their assessor with a [CbD rating form](#) (PDF).
5. Discuss the case or cases with their assessor – allow for at least 30 minutes.  
Note: The assessor will be making notes and ratings on the CbD rating form during this discussion.
6. The assessor will provide feedback following the CbD – allow for at least 10 minutes.
7. The trainee and assessor sign the CbD rating form.
8. Enter the data from the completed CbD form into the online CbD tool via the [Advanced Training Portal](#).



9. Submit a copy of the completed form to the assessor through the online CbD tool in the training portal.

### Resources

- [CbD rating form](#) (PDF)

## Supervisor's report

### Requirements

#### Australia

##### 12-month position (full-time and part-time trainees)

- 1 x supervisor's report for the first 6 months of the training year due by 15 July 2024
- 1 x supervisor's report for the last 6 months of the training year due by 31 January 2025

##### 6-month position or less (separate supervisors or separate sites)

- 1 x supervisor's report completed for each rotation:
  - Due 15 July 2024 for rotations in the first half of the year
  - Due 31 January 2025 for rotations in the second half the year

#### Aotearoa New Zealand

##### 12-month position (full-time and part-time trainees)

- 1 x supervisor's report for the first 6 months of the training year, due by 30 June 2024
- 1 x supervisor's report for the entire 12 months, due by 15 December 2024

##### 6-month position or less (separate supervisors or separate sites)

- 1 x supervisor's report completed for each rotation:
  - Due 30 June 2024 for rotations in the first half of the year
  - Due 15 December 2024 for rotations in the second half of the year

If the trainee's supervisor hasn't directly supervised them throughout the whole rotation, their supervisor should obtain individual reports from those who have and submit a composite report.

The trainee is to ensure all supervisors receive a copy of the supervisor's report. Previous copies of supervisor's reports must be provided to the trainee's next supervisor.

### Overview

A supervisor's report provides a comprehensive overview of a trainee's progress and achievement during the training year. It provides the trainee with structured feedback on their performance from their supervisor and will inform the decision on the certification of their training.

#### Step-by-step: Online supervisor's report

The trainee's nominated supervisor(s) are listed in their online supervisor's report and must complete their section of the report.

1. Using a laptop or desktop PC, open a new Microsoft Edge or Google Chrome browser.

2. Log in to the [online supervisor's report](#) using their RACP ID and [multi-factor authentication](#).
3. Open the report for the current training period.
4. Complete the active fields in each report tab. Some fields are for supervisors only and will appear inactive to trainees.
5. After the trainee's supervisor(s) have completed their assessment, the trainee should meet with them to discuss their assessment of the trainee's performance.
6. Following the discussion, the supervisor submits the report.
7. The trainee and their supervisor(s) can add comments and complete declarations in the 'Submit report' tab.

The trainee's report is complete only after the trainee and their supervisor(s) have completed the declarations.

### **Step-by-step: Paper supervisor's report**

All the trainee's nominated supervisors must complete the supervisor's report. The trainee can view their nominated supervisors by logging in to their [Advanced Training Portal](#).

The trainee needs to complete the following steps.

1. Arrange a meeting to discuss and complete the supervisor's report with the supervisor(s).
2. Check that they have completed all relevant sections of the report prior to submission as incomplete reports will be returned to the trainee.
3. Submit the report(s) in PDF (preferred) or Word format via email to the relevant specialty, copying in:
  - all supervisors
  - any other specialty, if actively dual training.
4. Save a copy of the report(s) for personal records.

If the trainee has more than 2 nominated supervisors, additional supervisors must complete either a [Supplementary Supervisor Comments Report](#) (DOC) or a separate supervisor's report.

**Dual trainees:** Complete a supervisor's report for the specialty most relevant to that training period. Separate reports for the same training period aren't required for dual training.

### **Late submission**

The training committee may not certify training if the trainee's supervisor's report is submitted after the specified deadline. Late reports will not be accepted unless the trainee has been granted an extension through an [Application for Special Consideration](#)\* (DOC).

Special Consideration must be applied for prior to the supervisor's report deadline. The trainee can also submit a letter of explanation to support their application. Applications will be assessed against the criteria outlined in the [Special Consideration for Assessment Policy](#) (PDF).

\* As outlined in the [Progression Through Training Policy](#) (PDF), section 7.8.1:

'Training will not be certified where the trainee has not satisfactorily completed all training requirements for the prospectively approved training period by the relevant deadline(s), or during an extension period if granted by the committee.'

## Resources

- [Geriatric Medicine online supervisor's report](#) (RACP login required)
- [Online supervisor's report FAQs](#)
- [Multi-factor authentication](#)
- [Geriatric Medicine supervisor's report form](#) (DOC)
- [Supplementary Supervisor Comments Report](#) (DOC)
- [Supervisor Details Amendment Form](#) (DOC)
- [Education policies](#)

## Research project

### Requirements

1 x Advanced Training research project (ATRP) to be completed before the end of Advanced Training.

#### Deadlines

- 31 March
- 15 June
- 15 September

The ATRP can be submitted by any of the above deadlines in any training phase.

It's recommended that the trainee submits their ATRP before the transition to fellowship phase to allow time for marking and/or resubmission if their project is initially marked as 'resubmit'.

### Overview

The ATRP is a report on a project that the trainee has had significant involvement in designing, conducting of research and analysis of data. It enables the trainee to gain experience in:

- research methods
- interpretation of research literature
- participation in research at some stage of their career
- developing quality improvement skills

For full details on the ATRP and how to complete it, see the ATRP section under the 'training requirements' tab of the [PREP program handbook](#).

# Resources

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

Supplementary resources for **supervisors**:

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