# General and Acute Care Medicine

## Program overview

In Advanced Training in General and Acute Care Medicine, you'll explore in-depth specialty training in the diagnosis and management of complex, chronic and multi-system disorders. You will train under supervision and prepare for independent practice as a consultant. The program builds your skills through work-based learning and assessment tools.

## Program updates

The Advanced Training in General and Acute Care Medicine Program is evaluated biennially by the Advanced Training Committee (ATC) in General and Acute Care Medicine and the Aotearoa New Zealand ATC in General and Acute Care Medicine to ensure that it's in line with educational best practice. Changes in program requirements may occur and could impact your training plan. The College will provide sufficient notice prior to implementing any change. You must always ensure you're following the correct requirements during your training.

## Entry requirements

Prospective trainees must have:

- completed the RACP Basic Training, including Written and Clinical Examinations
- a current medical registration
- been appointed to an appropriate Advanced Training position

New and current trainees need to apply for Advanced Training each year.

## Duration

Advanced Training in General and Acute Care Medicine Program requires 3 years (36 months) of full-time equivalent (FTE) training.

# Fellowship

Once you've completed all requirements of your training and the ATC in General and Acute Care Medicine has recommended you for admission, the College will invite you to apply for Fellowship of the Royal Australasian College of Physicians.

See Becoming a Fellow for information on admission to Fellowship.

As a Fellow in active practice in Australia, Aotearoa New Zealand or overseas, you'll need to meet the annual requirements of the Continuing Professional Development program ⤢.

# Apply or re-register

## Australia

Australian trainees can complete their registration online.

[ Apply online ]

If online registration is closed, email an application form (DOC) to
GeneralMedicineAdvanced@racp.edu.au

## Aotearoa New Zealand

Aotearoa New Zealand trainees must email an application form (DOC) to GeneralMedicine@racp.org.nz

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## Application deadlines

### Australia

**15 February** | first half or whole of the current year

**31 August** | second half of the current year

### Aotearoa New Zealand

**15 December** | first half or whole of the following year

**30 April** | May to August rotations

**30 June** | second half of the current year

You're responsible for organising all necessary documentation for submission by the deadline. We recommend that you keep a copy of your application for future reference.

See program key dates for trainees and supervisors.

## Late applications

Late applications will be considered up to 1 month after the deadline.

Applications received 1 month after the deadline won't be considered unless exceptional circumstances can be demonstrated in line with the Special Considerations for Assessment Policy.

Late applications may incur a fee.

Late fees won't apply if supervisor approval is pending after the deadline.

## Fees

The standard annual [membership fees](#) apply.

Visit [MyRACP](#) ⬀ to pay or view previous training program payments.

## About your training position

Core training must be undertaken at accredited training settings. As of June 2019, Australian General and Acute Care Medicine accredited settings are split between 2 categories:

- [Australian trainees who commenced before 2018](#) (PDF)
- [Australian trainees who commenced 2018 onwards](#) (PDF)

Aotearoa New Zealand trainees should refer to their [accredited settings](#) (PDF).

Once you have secured a training position, you must prospectively apply for approval as per the [Progression through Training Policy](#).

> The College is not involved in the recruitment and selection of trainees. Our role is to set and monitor standards for selection and provide advice to settings and their selection committees.

## Training approval and certification

Approval of training periods are determined by the Advanced Training Committee (ATC) in General and Acute Care Medicine and Aotearoa New Zealand ATC in General and Acute Care Medicine. To be approved, your individual training program must be consistent with the training requirements and appropriate for the stage of training you have reached.

Upon completion of each rotation or calendar year of training, the ATC reviews your progress according to the training requirements. If you have satisfactorily completed all training requirements, the ATC will certify that training period.

## Training variations

See [variations in training](#) for processes covering dual, joint, conjoint and post-Fellowship training.

See [flexible training options](#) for information on part-time training, interruptions to training, withdrawing from training and time limits.

## Rotation or supervision changes

Changes to your rotation require you to re-submit an application form (if online registration is closed) to your training committee as soon as possible. This includes any changes to sites, dates of rotations and flexible training arrangements.

Change to your supervision must be notified as soon as possible by submitting a [Supervisor Details Amendment Form](#) (DOC).

Some changes may require a review of the approval decision and can affect the certification of your training.

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## More information

[Overseas specialists](#)
[Trainee responsibilities](#)

# Training requirements

At the end of your Advanced Training in General and Acute Care Medicine, you'll have completed a minimum of 36 months of certified training time consisting of work-based learning and assessment tools.The PREP teaching and learning activities are designed to support you in your reflective practice and self-directed learning. A variety of teaching and learning activities and assessments are used, catering to a range of learning needs, styles and situations that may arise in your workplace training.

See forms and resources for the training program curricula.

## Requirements overview

**Australia**                                                                                          ✖

### Core training
(24 months minimum)

#### Supervision

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

1 x supervisor per rotation, who is a Fellow of the RACP

**Medical specialty rotation**

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

#### Teaching and learning

1 x Learning Needs Analysis per training year

1 x Professional Qualities Reflection per training year

#### Assessments

1 x Case-based Discussion per training year

1 x Supervisor's Reports per rotation (2 per 12-month rotation — full-time and part-time trainees)

1 x Trainee's Report per rotation

### Non-core training
(12 months maximum)

### Supervision

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

### Teaching and learning

1 x Learning Needs Analysis per training year

1 x Professional Qualities Reflection per training year

### Assessments

1 x Case-based Discussion per training year

1 x Supervisor's Reports per rotation (2 per 12-month rotation — full-time and part-time trainees)

1 x Trainee's Report per rotation

## Advanced Training summary

After 36 months of certified training time, you will have completed:

- 24 months of core training
- 12 months of non-core training
- 1 x Advanced Training Research Project (trainees who commenced in 2017 onwards)
- 2 x General and Acute Care Medicine Research Project[*] (trainees who commenced before 2017)
- Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course (trainees who commenced 2023 onwards)
- Internal Medicine Society of Australia and New Zealand (IMSANZ) conference (recommended)

[*] Trainees who commenced before 2017 have the option to complete the Advanced Training Research Project as an alternative.

## Aotearoa New Zealand   +

## Core training

(24 months minimum)

### Supervision

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

1 x supervisor who is a Fellow of the RACP per rotation

**Medical specialty rotation**

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

## Teaching and learning

1 x Learning Needs Analysis per rotation

1 x Professional Qualities Reflection per training year

## Assessments

1 x Case-based Discussion per rotation

1 x Supervisor's Reports per rotation (2 per 12-month rotation — full-time and part-time trainees)

1 x Trainee's Report per rotation

# Non-core training
## (12 months maximum)

## Supervision

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

## Teaching and learning

1 x Learning Needs Analysis per rotation

1 x Professional Qualities Reflection per training year

## Assessments

1 x Case-based Discussion per rotation

1 x Supervisor's Reports per rotation (2 per 12-month rotation — full-time and part-time trainees)

1 x Trainee's Report per rotation

# Advanced Training summary

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- 24 months of core training
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- Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course (trainees who commenced 2023 onwards)
- Internal Medicine Society of Australia and New Zealand (IMSANZ) conference (recommended)

*Trainees who commenced before 2017 have the option to complete the Advanced Training Research Project as an alternative.

## 2023-24 program updates                                                      +

In your 2023 and 2024 training year, these requirement changes apply.

## Time-based requirements

| Training rotations – Trainees who commenced 2018 onwards | |
|---|---|
| Core subspecialty training | |
| 2022 | 2023-24 |
| Ambulatory care and/or predominantly consultation-based units:<br><br>• clinical pharmacology<br>• community-based palliative medicine<br>• endocrinology, diabetes<br>• immunology and allergy<br>• rheumatology | Ambulatory care and/or predominantly consultation-based units:<br><br>• cardiology – chronic disease management e.g. heart failure<br>• clinical pharmacology<br>• community-based palliative medicine<br>• endocrinology, diabetes<br>• immunology and allergy<br>• rheumatology |

## Work-based learning and assessment requirements

| Cultural Safety | |
|---|---|
| 2022 | 2023-24 |
| N/A | **Trainees commencing 2023 onwards**<br>Complete the Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course before the end of your Advanced Training*<br><br>* If not already completed during Basic Training. |

| Meeting attendance | |
|---|---|
| 2022 | 2023-24 |

| | |
|---|---|
| N/A | Attend the Internal Medicine Society of Australia and New Zealand (IMSANZ) conference once during Advanced Training (recommended). |

# Time-based requirements

| Trainees who commenced in 2018 onwards | + |
|---|---|

The Advanced Training Program in General and Acute Care Medicine allows adequate time for you to gain the necessary learning experiences across a range of relevant rotations during your minimum 3-year (36 months) full-time equivalent (FTE) training period.

## Training rotations

| Training rotation | Time requirement |
|---|---|
| Core training | 24 months minimum |
| – Core general medicine | 6 months |
| – Core general medicine-related | 6 months |
| – Core subspecialty<br>Rotations must be completed in 2 distinct subspecialties | 12 months |
| Non-core training | 12 months |

## High acuity rotation

During Advanced Training, you're required to complete a 6-month high acuity rotation. The rotation can be completed during either core or non-core training.

**Australian trainees**

High acuity refers to caring for a patient with significant physiological abnormalities requiring high level medical monitoring, treatment and support. A high acuity position is usually found in Acute Medical Units, Intensive Care Units, Coronary Care Units with interventional capacity and Acute Stroke Units with interventional capacity or equivalent.

A cardiology term can range from acute to subacute to chronic care depending on your primary responsibilities, which must be specified.

Other positions such as an acute emergency liaison role may also be considered for the high acuity rotation. You must provide a detailed description of the rotation to the Advanced Training Committee (ATC) for consideration.

Acute care of the elderly and geriatric roles are not considered as high acuity as the case mix that you're exposed to does not allow you to adequately meet the requirement for a high acuity rotation for General and Acute Care Medicine training.

**Aotearoa New Zealand trainees**

The ATC considers these aspects when determining whether a general medicine or acute assessment role can be considered high-acuity:

1. Direct involvement in and supervision of non-invasive ventilation.

2. Direct involvement in the administration of thrombolysis, such as cardiac, pulmonary embolism or stroke, and subsequent inpatient care of these patients.

3. Regular first-responder to medical emergency and cardiac arrest calls.

4. Maintenance of primary team responsibility for care of ICU and/or High Dependency Unit level patients.

A rotation is expected to include at least 3 of these aspects on a regular basis in normal working hours.

A cardiology or respiratory rotation can range from acute to subacute to chronic care depending on your primary responsibilities. This must specified on your prospective application form.

# Core training

A minimum of 24 months FTE must be spent in accredited clinical training positions under supervision.

In Australia, rotations should be at least 6 months in duration. 4-month roles will be considered. Rotations of 3 months FTE or less will not be approved for core training. A 6-month rotation undertaken at 0.5 FTE may be approved as 3 months core training if the pro-rated training duties and requirements are met.

In Aotearoa New Zealand, 3-month rotations may be permitted.

## Core general medicine | 6 months FTE

Training in a general medicine unit as a general medicine registrar, where a suitable rotation involves:

- a minimum of 2 supervised ward rounds per week
- the admission of acute patients, based on a roster (minimum of 1-in-7 basis)
- attending inpatients as a lead doctor on a daily basis
- retaining responsibility for patients' longitudinal care where you must be involved throughout the patient's journey from inpatient admission, the duration of inpatient care to hospital discharge and subsequent review in clinic
- attending at least 1 general medicine outpatient clinic per week
- having a role in a multidisciplinary team

## Core general medicine-related | 6 months FTE

Rotations in general medicine-related training can be allocated to:

- more time in a general medical unit
- an Acute Medical Unit and/or Medical Assessment and Planning Unit (MAPU)
- obstetric medicine and perioperative medicine
- a senior medical registrar position, with at least 50% clinical time
- chronic disease management/Hospital in the Home (HITH)
- residential outreach/Hospital Admission Risk Program (HARP)

General medicine-related training rotations exceeding 6 months can be approved for non-core training.

## Core subspecialty | 12 months FTE

Your core subspecialty training must be comprised of 2 x 6-month core rotations completed in 2 distinct subspecialties, it cannot be completed in general medicine or general medicine related specialty terms.

A subspecialty term must have more than 75% of time spent in clinical responsibilities in a subspecialty over 6 months to provide the depth of training required.

Specialty inpatient units in settings that include:

- cardiology
- gastroenterology, hepatology
- geriatric medicine, rehabilitation medicine
- haematology
- intensive care unit (ICU)
- infectious diseases
- nephrology
- neurology, stroke medicine
- oncology
- palliative care
- respiratory medicine, sleep medicine

Ambulatory care and/or predominantly consultation-based units:

- cardiology – chronic disease management e.g. heart failure
- clinical pharmacology
- community-based palliative medicine
- endocrinology, diabetes
- immunology and allergy
- rheumatology

If you're undertaking a subspecialty term with less than 75% of time spent in one subspecialty, you'll be required to complete more than 6 months training in order to gain sufficient exposure.

Applications for subspecialty terms with less than 50% subspecialty time will be assessed the Advanced Training Committees on a case-by-case basis.

If you're a dual trainee, your core subspecialty training must be undertaken in an accredited clinical training position that has been accredited for General and Acute Care Medicine or in the second specialty that you're undertaking dual training in.

## Non-core training

12 months FTE of non-core training is required.

This is intended to be predominantly clinical training. Up to 6 months only (50%) of training that's not comprised of significant clinical time may be approved for activities such as research.

## Night rotations

Night and relief rotations will not count towards your Advanced Training in General and Acute Care Medicine, except in ICU or emergency medicine where nights are accepted as part of a shift roster.

In rotations where you may be required to do nights as service provision, the total duration should not exceed a maximum of 4 weeks on a night duty roster — for example, a total of 2 weeks on service and 2 weeks off-service per 6-month core rotation.

Core training supervision requirements apply.

## Dual training

Dual Advanced Training in General and Acute Care Medicine and another training program must consist of at least 4 years FTE training.

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

If you're undertaking dual training, be aware that a maximum of 6 months of your specialty training will be counted as core training for General and Acute Care Medicine. For example:

- a trainee in Respiratory Medicine and Sleep Medicine can count one 6-month term of Respiratory Medicine or Sleep Medicine towards core training in General and Acute Care Medicine, but not both terms
- a trainee in Gastroenterology can count only one term of Gastroenterology or Hepatology as core General and Acute Care Medicine training, not both terms

## Training time

At least 24 months of Advanced Training in General and Acute Care Medicine must be undertaken in Australia and/or Aotearoa New Zealand. This is to ensure that you receive adequate exposure to local practices and health services.

**Trainees who commenced before 2018**                                    **+**

The Advanced Training Program in General and Acute Care Medicine allows adequate time for you to gain the necessary learning experiences across a range of relevant rotations during your minimum 3-year (36 months) full-time equivalent (FTE) training period.

## Training rotations

| Training rotation | Time requirement |
|---|---|
| Core training | 24 months minimum |
| − General medicine | 6 months |
| − Group A (acute care) | 6 months |
| − Group B* (subspecialty training) | 6 months |
| − Group B or Group C* (chronic/complex diseases)<br>If you choose to complete further Group B training, the subspecialty must be significantly different from your previous Group B rotation. | 6 months |
| Non-core training | 12 months |

* At least 75% of the core subspecialty B or C rotation(s) must consist of work in that particular subspecialty.

General and Acute Care Medicine rotations are categorised as Group A, B or C, indicating their level of acuity.

Not all positions in the same medical specialty will qualify for the same status, as this depends on the actual work done and the level of acuity.

It's very important that you thoroughly and accurately describe the nature of your rotation in your Application for Prospective Approval so that you receive the appropriate classification.

The ATCs expect setting supervisors to know what category a position fits into, based on experience with trainees who have undertaken the position in the past.

Training settings should contact the ATC/Aotearoa ATC to confirm the requirements of Advanced Training if unsure.

### Exceptions

**Australia:** The ATC may consider 4-month rotations providing they form part of a full year's continuous program, such as 3 x 4-month rotations. Rotations 3-month rotations or less will not be approved for core training.

**Aotearoa New Zealand:** Trainees may apply for 4-month rotations that are not part of a full year's continuous program. Rotations 3-month rotations or less may be permitted.

## Core training

A minimum of 24 months FTE must be spent in accredited clinical training positions under supervision. Rotations should be a minimum of 6 months FTE in duration.

You're expected to obtain broad experience outside of general medicine type rotations. In general, only 12 months of core training will be allowed in generalist roles — 6 months of core general medicine and only one 6-month rotation of Acute Assessment Unit, perioperative medicine, obstetric medicine or as a senior medical registrar will be accredited as core terms.

All other general medicine training will be deemed as non-core training.

## Core — General medicine | 6 months

Suitable training rotations involve:

- 2 supervised ward rounds (minimum) per week
- the admission of acute patients, based on a roster (minimum of 1-in-7 basis)
- attending inpatients as a lead doctor on a daily basis
- retaining responsibility for patients' longitudinal care where you must be involved throughout the patient's journey from inpatient admission, the duration of inpatient care to hospital discharge and subsequent review in clinic
- attending at least 1 general medicine outpatient clinic per week
- having a role in a multidisciplinary team

Training settings can employ you as a general medicine registrar.

Note: Rotations in some settings associated with an acute assessment ward still fit into the general medicine category.

## Core — Group A (acute care) | 6 months

Group A rotations are those where you're exposed to the management of patients with acute, life-threatening physiological disturbance. Each rotation requires:

- daily supervised ward rounds and/or consultant contact
- a level of autonomy
- the admission of acute patients with life-threatening diseases to one's own team, based on a roster (in and after hours)
- possibly working within a roster requiring evening and night shifts

Training settings can include:

- cardiology — Coronary Care Unit (CCU)
- Intensive Care Unit (ICU)
- Acute Medical Unit
- Acute Stroke Unit — preferably with thrombolytic availability (Australian trainees only)
- emergency medicine

## Core — Group B (subspecialty training) | 6 months

Group B rotations provide experience in the management of inpatients throughout the course of acute illness, including the planning of patient discharge, aftercare and follow-up.

Each training rotation should be in one distinct specialty.

A Group B rotation requires:

- 2 supervised ward rounds (minimum) per week
- a focus on inpatients
- involvement in a team responsible for consultations with inpatients who are primarily managed by other teams/units
- a component in acute care, though not substantial
- a significant outpatient workload, with a minimum of 2 clinics per week

Training settings can include:

- cardiology — inpatient ward with clinics
- gastroenterology, hepatology
- haematology, medical oncology
- geriatric medicine
- inpatient rehabilitation medicine
- neurology
- nephrology
- infectious diseases

Ideally, Group B rotations should involve exposure to other medical specialties, or include the provision of general and acute care medicine consultative services and other services within the setting, such as surgery and obstetrics.

## Core — Group C (chronic/complex disease) | 6 months

Group C rotations allow involvement in the longitudinal care of patients, with a focus on the care of patients with chronic or complex diseases.

It's expected that these rotations provide some experience in resolving issues that are too complex to be easily managed in a primary care setting.

A Group C rotation involves:

- predominantly outpatients or non-acute inpatient referrals
- responsibility for less than 4 acute inpatients at any one time
- the prospect of an inpatient workload made up of arranged admissions or in-hospital transfers
- the possibility of primarily conducting research or teaching activities

Training settings can include:

- cardiology — chronic disease management in heart failure
- endocrinology, diabetes

- rheumatology
- immunology, allergy
- clinical pharmacology
- community-based palliative medicine
- research, quality assurance[**]
- chronic disease management
- medical administration[**]
- working as a senior registrar in medicine/chief resident roles[**]

Obstetric medicine and perioperative medicine may be considered as appropriate if other non-core terms are not of a generalist nature.

[**] Rotations must include a clinical component in the form of clinics and ambulatory care. Rotations with no patient contact won't be considered as Group C core training.

## Non-core training

A maximum of 12 months of non-core training may be undertaken in clinical training in other disciplines.

The ATCs will prospectively approve, on a case-by-case basis, rotations that fall under non-core training only. Rotations between 1 to 3 months in duration are eligible for non-core training only.

## Night rotations

Night and relief rotations will not count towards your Advanced Training in General and Acute Care Medicine, except in ICU or emergency medicine where nights are accepted as part of a shift roster.

In rotations where you may be required to do nights as service provision, the total duration should not exceed a maximum of 4 weeks on a night duty roster — for example, a total of 2 weeks on service and 2 weeks off-service per 6-month core rotation.

Core training supervision requirements apply.

## Dual training

Dual Advanced Training in General and Acute Care Medicine and another training program must consist of at least 4 years FTE training.

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

If you're undertaking dual training, be aware that a maximum of 6 months of your specialty training will be counted as core training for General and Acute Care Medicine. For example:

- an Advanced Trainee in Respiratory Medicine and Sleep Medicine can count one 6-month term of Respiratory Medicine or Sleep Medicine towards core training in General and Acute Care Medicine,

but not both terms

- an Advanced Trainee in Gastroenterology can count only one term of Gastroenterology or Hepatology as core General and Acute Care Medicine training, not both terms

## Training time

At least 24 months of Advanced Training in General and Acute Care Medicine must be undertaken in Australia and/or Aotearoa New Zealand. This is to ensure that you receive adequate exposure to local practices and health services.

# Program key dates

**Australia**                                                                                              **+**

## January – June

- **31 January** | Previous year's Supervisor's Report and all PREP tools due (trainees not applying for Fellowship in December)
- **15 February** | Applications for Approval of Advanced Training for the first half or whole of the current year due

## July – December

- **15 July** | Supervisor's Report due
- **31 August** | Applications for Approval of Advanced Training for the second half of the year due
- **15 September** | Advanced Training Research Project due (trainees who commenced in 2017 onwards)
- **15 September** | General and Acute Care Medicine Research Projects due (trainees who commenced before 2017, second- and final-year)
- **15 October** | Supervisor's Report and all PREP tools due (trainees eligible for Fellowship in December)

**Aotearoa New Zealand**                                                                                   **+**

## December – May

- **15 December** | Applications for Approval of Advanced Training for the first half or whole of the following year due
- **15 December** | Supervisor's Report, Trainee's Report and all PREP tools due (trainees not applying for Fellowship in December)

- **15 December** | Advanced Training Research Project due (trainees who commenced in 2017 onwards)
- **15 December** | General and Acute Care Research Projects due (trainees who commenced before 2017, second- and final-year)
- **30 April** | Applications for Approval of Advanced Training for May to August rotations due

## June – November

- **30 June** | Applications for Approval of Advanced Training for the second half of the current year due
- **30 June** | Supervisor's Report due
- **30 June** | Trainee's Report for the first half of the year due
- **15 October** | Supervisor's Report, Trainee's Report and all PREP tools due (trainees eligible for Fellowship in December)

# Work-based learning and assessment requirements

A work-based learning and assessment tool requirement stipulates what you must achieve as part of your training program.

## Type of assessment

**Formative:** Focuses on learning through feedback and guidance, assisting trainees and supervisors through the formal feedback process, which should prompt discussion of or highlight areas of a trainee's performance. Assessments are based on existing workplace-based assessment methods and are best practice in medical education.

**Summative:** Focuses on judgements about trainee progression, resulting in pass or fail decisions on a trainee's performance.

## Advanced Training Research Project

**Requirement for trainees who commenced in 2017 onwards**

| Overview | + |
|---|---|

The Advanced Training Research Project (ATRP) is a report on a project that you have had significant involvement in designing, conducting of research and analysis of data. It enables you to gain experience in:

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

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

The ATRP, introduced to most trainees who commenced after 2017, addresses wide variations in purpose, type, quantity and assessment criteria across the RACP Training Programs. An ATRP submission provides evidence of the skills of:

- considering and defining research problems
- the systematic acquisition, analysis, synthesis and interpretation of data
- effective written communication

The ATRP requirement must be undertaken and completed during your Advanced Training. If you are dual training, you only need to complete one ATRP over the course of Advanced Training.

Review your training program requirements to confirm whether there are any additional research requirements beyond completing your ATRP.

# Recognition of Prior Learning

You can apply for a Recognition of Prior Learning (RPL) exemption from the ATRP requirement if you can demonstrate that you've successfully completed an approved exemption. This can include:

- research doctoral degree, like MD or PhD
- Masters by research
- major project completed through a Masters by coursework

An ATRP completed through Masters by coursework must meet project type requirements and be submitted for marking according to the marking process.

Recognition of all project exemptions completed prior to entry into training are considered in accordance with our Recognition of Prior Learning Policy.

Exemptions completed during your Advanced Training Program will be assessed for suitability against the ATRP guidelines and marking criteria.

## Applying

You must apply for RPL within 3 months of commencing your first rotation in your Advanced Training Program.

Your Advanced Training Committee or Subcommittee, which reviews all RPL applications, will contact you about the outcome.

In the case where your PhD is in progress or incomplete, you can:

- submit your PhD upon completion for RPL consideration, or
- partially submit your PhD for RPL consideration if it meets one of the acceptable research project types, such as systematic review

Again, in this instance you need to apply within 3 months of commencing your rotation.

All RPL applications are reviewed on a case-by-case basis. Exemption is granted only when the evidence presented fulfils the relevant ATRP requirements, separate to whether your research or coursework is relevant to your current specialty.

All supporting documentation relevant to your RPL application must be reviewed by project markers to allow project exemptions.

## Requirements   +

### Requirement

1 x Advanced Training Research Project to be completed in any year before the end of Advanced Training.

## Deadlines

**Australia:** 15 September.

**Aotearoa New Zealand:** 15 December.

It's recommended that you submit your research project by the annual submission date in your penultimate year to allow time for marking and/or resubmission if your project is initially marked as 'resubmit'.

**Resources**

Advanced Training Research Project cover sheet (DOC)

## Accepted project formats   +

Three research project types are accepted:

- research in:
  - human subjects, populations and communities and laboratory research
  - epidemiology
  - field research
  - medical education
- audit
- systematic review

Additional project formats may be considered provided they meet the Advanced Training Research Project (ATRP) guidelines and marking criteria. Trainees and supervisors seeking additional format approval need to provide justification as to how the project submission meets the criteria.

# Research in human subjects, populations and communities or laboratory research

This project type also includes epidemiology, field research and medical education research.

## Step-by-step: Research in human subjects, populations and communities or laboratory research

1. General preparation

- Identify a supervisor and review the ATRP guidelines.
- Develop skills in scientific writing to apply for grant support, publish scientific and medical papers.

2. Identify the problem and formulate research questions

- Consider and define a health-related problem.
- Review, analyse and synthesise evidence related to the existing literature, or your current practice, to identify research gaps and formulate research questions or hypotheses.

3. Develop the research design

- Convert information needs into answerable questions and clearly identify the specific aims of a study designed to address the question.
- Identify an appropriate research method and techniques.
- Identify the ethical issues arising from conduct of the study.
- Obtain ethics approval from the appropriate body, if required.

4. Collect or identify data to achieve the study objectives

- Apply quantitative or qualitative methods.

5. Write up research

- Appraise and synthesise the research findings in consideration of the research objectives and hypotheses.
- Set findings within the context of the wider literature on the topic.
- Apply the results of the study to practice.
- Demonstrate effective and succinct written communication.
- Outline how research should and could contribute to the practice of evidence-based medicine.
- Assess strengths, weaknesses and limitations of the research project.
- Reference using a consistent style.

6. Self-reflection

- Evaluate your performance.
- Discuss your performance with your supervisor — consider any issues that arose during the research project and how the findings might change your practice.

# Audit

An audit project aims to assess, evaluate and improve the quality of healthcare through the systematic review of practice. A specific component of practice to be reviewed is identified and local performance is assessed against specific criteria in relation to the gold standard.

An audit will identify substandard areas and develop recommendations for implementation, based on a succinct review of the literature. The audit should then be repeated to assess the success of the interventions.

If a repeated audit isn't possible due to time constraints, then a plan for implementing, measuring and sustaining improvements must be presented.

Your audit should be of an area of interest to you. Look at opportunities to audit a novel project or program within your training setting.

The size of your audit is dependent on the topic and nature of the audit undertaken. The presentation of the audit must adhere to the standards for presentation of research, including the suggested word count.

Stage 5
Sustaining
improvements

Stage 1
Preparing
for audit

Stage 2
Selecting criteria
for audit review

Stage 3
Measuring
level of
performance

Stage 4
Making
improvements

You must demonstrate a clear understanding of the audit cycle, with evidence of how your work will lead to an improvement in clinical practice.
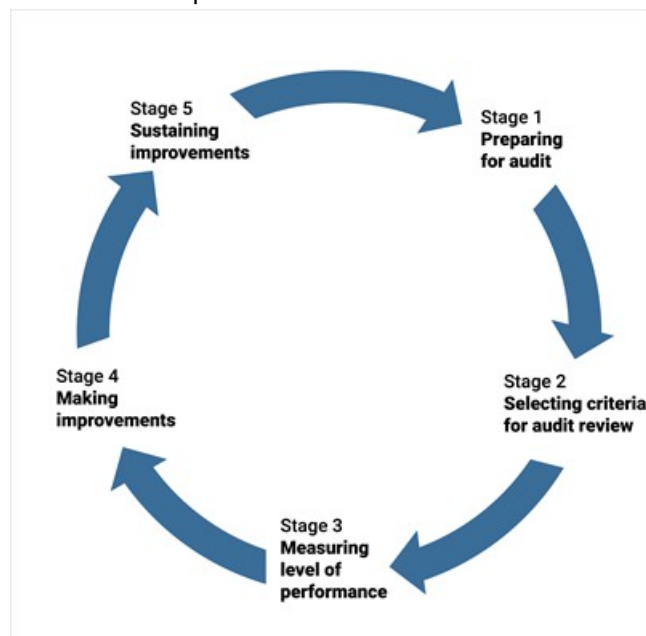
### Step-by-step: Audit

Follow the paradigm of 'joined-up research', which begins by assessing a problem, moving on to implementing change and completing the circle by evaluating change over an appropriate period.

1. Identify a topic that is important to audit.

2. Review the literature and other relevant information to determine standards against which to audit.

3. Develop audit criteria that will measure performance against the agreed standard.

4. Collect and analyse data and report results.

5. Reflect on results and develop improvement plan.

6. Implement improvement plan.

7. Repeat data collection to measure improvement.

## Systematic review

A systematic review is a method of critically appraising bodies of research studies with a high level of rigour. Systematic reviews are different to narrative reviews and expert commentaries because they use a well-defined protocol to ensure high coverage of all relevant information and can be replicated easily. A standard, published protocol, such as the PRISMA guidelines could be used.

For ATRPs, the systematic review should be conducted in an area of relevance of your practice.

### Step-by-step: Systematic review

1. Define the review question and rationale behind question.

2. Develop inclusion and exclusion criteria for including studies, search for studies and explain search syntax, define search strategy — for example a brief description of PICO, identify and defend databases searched.

3. Assess study quality.

4. Select studies and collect data.

5. Assess risk of bias of included studies.

6. Analyse data.

7. Interpret results and draw conclusions.

**Resources**

[RACP Online Learning Resource: Research Project](#) ⧉

## Presentation guidelines     +

You're encouraged to present your Advanced Training Research Project (ATRP) orally at hospital, state or national meetings and submit your work for publication in an appropriate peer-reviewed journal. It should meet the requirements of that journal and instructions to authors for the journal should be submitted with the ATRP.

The ATRP word limit should be appropriate to the study type:

- quantitative research | up to 3500 words
- qualitative research | up to 5000 words

You must comply with the [Academic Integrity in Training Policy](#).

### Your ATRP presentation should contain:

1. Abstract | approx 10% of word count

   - concise summary of the background, aims, methods, results and conclusions

2. Introduction

   - discussion and placement of the research in context of published literature
   - critique of literature if there are alternative views

3. Aims

   - define the research aim, questions and hypotheses

4. Methodology

   - describe the methods used in enough detail to allow it to be replicated

5. Statistical analysis

   - perform appropriate statistical analysis of the data

6. Results

- present the results in figure and tabular format to the standard of published literature
- include figure and table legends with a brief description of your data and statistical analysis

7. Discussion

- discuss and interpret the results
- discuss the results in context of published literature - for example, do your results support or disagree with published literature and do they enhance what is already published?
- consider the limitations of the study

8. Conclusion

- brief conclusion of the research
- potential project improvements if you were to repeat the study
- future steps/directions

9. Reference list

**Resources**

RACP Online Learning Resource: Research Project 🗗
Research Project checklist and planner (XLS)

## Submission guidelines                                               +

When electronically submitting your Advanced Training Research Project (ATRP), you're to provide:

- an Advanced Training Research Project cover sheet (DOC)
- Turnitin similarity report

The Turnitin submission and reporting process is outlined in the project cover sheet.

Email your research project submission to Research.Project@racp.edu.au

### About Turnitin

Turnitin is an originality and plagiarism detection tool, which compares projects against electronic texts from the Internet, published works and assignments previously submitted to Turnitin by other users.

The similarity report you're to obtain from Turnitin provides you the opportunity to make any changes prior to submitting your project to the College for marking.

An updated similarity report must be submitted with the project if changes are made. If an updated report isn't submitted, the College will obtain a report on your behalf and you won't have the opportunity to make changes.

Find out more about Turnitin ⧉ detection tool.

For most Advanced Training Programs, submission of your research project is due by your second last year of training to ensure enough time for marking the project and the opportunity to resubmit if required. Refer to the requirements for submission dates.

To request an extension, contact your specialty's Education Officer.

If you don't meet the prescribed deadline, it could delay your progression of training, or if you are near the end of training, it can delay your admission to Fellowship. It's important to plan early and submit your project as soon as possible.

**Resources**

Advanced Training Research Project cover sheet (DOC)
Advanced Training Research Project marking criteria (DOC)
Research Project checklist and planner (XLS)

## Marking outcomes       +

Research projects are independently marked by 2 assessors using the Advanced Training Research Project marking criteria (DOC) common to all Advanced Training Programs.

In the case that the assessors cannot reach agreement, the research project is sent to a third assessor who will determine an outcome.

There are 3 grading outcomes that a project reviewer can make:

- Pass — meets expected standard, below expected standard in no more than 1 criterion
- Resubmit — 2 or more areas below the expected standard
- Fail — doesn't meet any of the criteria for a research project

You'll receive the outcome of your project within approximately 8 to 12 weeks of submission to the College. Delays in receiving project outcomes can happen between September and January, when the majority of project submissions are expected to occur.

If your project is marked as 'resubmit', you'll have 2 more opportunities to resubmit the same project to assessors with revisions. If you're dissatisfied with the outcome following 2 resubmissions, you can request for 2 new assessors to mark the project.

You can also request 2 new assessors to mark your project if it's marked as a 'fail' in the first instance. Note: you will incur a fee for any additional marking.

In this stage of marking, there are only 2 marking outcomes new assessors can provide — 'pass' or 'fail'. If your project is marked as a 'fail' by the 2 new assessors, you cannot resubmit again and will need to complete a substantially new project to meet your ATRP requirement.

**Resources**

[Advanced Training Research Project marking criteria](#) (DOC)

## Project supervisor's role ＋

Your research project supervisor guides you with your project choice, method, data analysis and interpretation, and quality of written and oral presentation.

A project supervisor requires specific skills and experience and likely won't be your training rotation supervisor. To find an appropriate supervisor:

- explore the work of notable researchers in your hospital or network who may be able to help you find suitable potential project supervisors
- ask your training rotation supervisor for advice, relevant contacts or to direct you to another colleague who can
- attend research groups or events held at your hospital to get ideas, meet research supervisors and network with trainees

These steps are important if you're at a small training site with limited research opportunities.

If you end up with a project supervisor and a training rotation supervisor, clear communication between both supervisors is important so that they're both aware of your progress in your research project work.

A project supervisor should:

- familiarise themselves with the guidelines and marking standards
- recommend colleagues to assist with supervision, if necessary
- meet with you early in the period of supervision to clarify the research project goals and requirements
- consider and provide feedback regarding the merits of the proposed research project early in the process

- ensure that your planned research project is feasible and of a suitable standard
- review the feasibility of your developed project timeline
- clarify access to statistical support or other resources required
- monitor progress at regular intervals
- review the research project prior to submission, ensuring it's of an acceptable standard
- support you to find a forum to present the research project
- approve the research project prior to submission to indicate that the proportion of work attributed you is correct

When selecting a research project supervisor, choose someone who:

- aligns with your goals
- is an expert in the area of your research
- is available for regular meetings or other correspondence
- is interested in providing mentorship and guidance on the project
- is interested in the topic of the proposal
- provides constructive criticism on completed work, such as abstracts and academic writing
- enjoys sharing knowledge, such as laboratory or technical skills, academic research and writing skills
- is experienced supervising research students

You should establish manageable expectations and practice open and clear communication with your research project supervisor from the beginning.

**Resources**

[RACP Online Learning Resource: Research Project](#) ⬈

# Case-based Discussion

## Overview       +

A Case-based Discussion (CbD) is a work-based assessment and Advanced Training Program requirement used to evaluate your professional judgement in clinical cases.

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

The CbD aims to:

- guide your learning through structured feedback

- improve clinical decision making, clinical knowledge and patient management
- provide you with an opportunity to discuss their approach to the case and identify strategies to improve your practice
- enable your assessor to share their professional knowledge and experience

An assessor can choose any case or cases where you'll play a significant role in clinical decision-making and patient management. The discussion should reflect your level of experience and be linked to your Advanced Training Curriculum.

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: Case-based Discussion

1. Arrange a CbD with your assessor.

2. Your assessor will choose an appropriate case or cases.

3. Confirm the chosen case or cases with your assessor.

4. Provide your assessor with a CbD rating form (PDF).

5. Discuss the case or cases with your assessor – allow for at least 30 minutes.
   Note: Your assessor will be making notes and ratings on the CbD rating form during this discussion.

6. Your assessor provides you feedback following your CbD – allow for at least 10 minutes.

7. You and your assessor sign the CbD rating form.

8. Enter the data from your completed CbD form into the online CbD tool via your relevant training portal:
   Advanced Training Portal ⤢ | AFRM Portal ⤢ | AFPHM Portal ⤢ | AFOEM Portal ⤢

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

**Requirements** +

> Requirement | Australia
>
> 1 x Case-based Discussion (CbD) to be completed each training year

> Requirement | Aotearoa New Zealand
>
> 1 x CbD to be completed each rotation

## Deadlines

**Australia:** 31 January in the following year.

**Aotearoa New Zealand:** Due at the end of each training rotation.

In your final year, your CbD is due 15 October.

Submit your CbD rating form data via the Advanced Training Portal⬀.

**Resources**

Case-based Discussion rating form (PDF)

## Cultural Safety

**Requirement for trainees who commenced in 2023 onwards**

| Overview | + |
|---|---|

Specialist training requires you to:

- examine your 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 your own cultural values and recognition of their influence on professional

practice.

**Resources**

[RACP Online Learning: Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety](#) ⬀

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**Requirements**                                                                               **+**

Requirement

1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course*

*If not completed during Basic Training.

## Certification

You'll immediately receive your certificate on RACP Online Learning when you complete the course. Certification will appear in your Advanced Training Portal in July the year you complete the course.

## Deadline

You must complete the course by the end of your Advanced Training however it's recommended you complete it within your first year.

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**Resources**

[RACP Online Learning: Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety](#) ⬀

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# General and Acute Care Medicine Research Project

**Requirement for trainees who commenced before 2017**

**Overview**                                                                                   **+**

The General and Acute Care Medicine Research Project enables trainees to participate and gain experience in research methods, interpretation of research literature and to develop quality improvement skills.

Submission of a research project provides evidence of your skills in considering and defining research problems, the systematic acquisition, analysis, synthesis and interpretation of data, and effective written communication.

All research project topics must have direct relevance to general and acute care medicine.

The Advanced Training Committees (ATCs) allow trainees who commenced before 2017 to choose to complete:

- 2 x General and Acute Care Medicine Research Project

  OR

- 1 x Advanced Training Research Project

Be aware, you would have a shorter length of time to complete the Advanced Training Research Project than what the general requirement (for trainees who commenced in 2017 onwards) allows.

**Resources**

General and Acute Care Medicine Research Project cover sheet (DOC)
General and Acute Care Medicine Audit Project de-identified sample (PDF)
General and Acute Care Medicine Research Project de-identified sample (PDF)
RACP Online Learning Resource Research Projects module ⧉
Research Project Checklist and Planner (XLS)

**Requirements**                                                                                    +

Requirement

2 x General and Acute Care Medicine Research Projects

- First project to be assessed satisfactory at the end of your second year
- Second project to be assessed satisfactory at the end of your training

## Deadlines

**Australia:** 15 September (second- and final-year)

**Aotearoa New Zealand:** 15 October in your final year

## Submit

Submit you research project with a project cover sheet (DOC) to GeneralMedicineAdvanced@racp.edu.au (Australia) or GeneralMedicine@racp.org.nz (Aotearoa New Zealand).

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**Resources**

General and Acute Care Medicine Research Project cover sheet (DOC)
RACP Online Learning Resource Research Projects module ⧉
Research Project Checklist and Planner (XLS)

## Accepted project formats         **+**

These project formats are not prescriptive but a guide for trainees in planning and developing their research projects.

Note: You'll not be able to submit evidence of assisting with the organisation of an RACP examination as your research project.

| Case report |
|---|
| Report should generally describe a new or novel aspect of a particular case. Cases may be sourced from any aspect of adult medicine and include a detailed description of the case and a detailed review of the available literature. <br><br> Published case reports that are essentially 'letters to the editor' of a medical journal will be considered unsatisfactory. <br><br> **Recommended word limit\*:** 2000 words (excluding references). |
| **Submission limit:** 1 x Research project in a single case report format only. |

| Case series |
|---|
| The series must include at least three related cases of an interesting condition. Cases may be sourced from any aspect of adult medicine and include a detailed discussion. <br><br> **Recommended word limit\*:** 3000 words (excluding references). |
| **Submission limit:** 1 x Research project as a case series format only. |

| Poster presentation at a peer-review meeting |
|---|
|  |

The poster represents work of appropriate standard. It should be revised into prose rather than bullet-point form. Generally, this format requires a more detailed literature review attached.

Copies of slides from an oral presentation or abstracts of papers are not acceptable on their own and will need to be revised into prose form.

**Recommended word limit\*:** 2000 to 3000 words (excluding references).

**Submission limit:** Nil.

## Audit

The audit should be of an area of interest to you. You can audit a novel project or a program within the hospital. A detailed discussion of the findings is expected.

**Recommended word limit\*:** 2000 to 3000 words (excluding references).

**Submission limit:** Nil.

## Narrative review

A narrative review should be a detailed review of an area of interest to you. Your narrative review should form the basis of your future practice.

**Recommended word limit\*:** 5000 words and 30 to 50 references.

**Submission limit:** Nil.

## Research project/higher study

Your research project or higher study can be deemed satisfactory by the training committee if there is evidence that sufficient planning and implementation has taken place.

As a guide, 2 chapters of a thesis or 2 course subjects in a Master's Program would be seen as sufficient.

In general, a research project would include a specific intervention or the systematic evaluation of a new test. All coursework submissions require a transcript detailing the subjects and grades received.

**Recommended word limit\*:** 4000 to 6000 words (excluding references).

**Submission limit:** Nil.

\* Recommended word limits are indicative only.

**Resources**

General and Acute Care Medicine Research Project cover sheet (DOC)
General and Acute Care Medicine Audit Project de-identified sample (PDF)
General and Acute Care Medicine Research Project de-identified sample (PDF)
RACP Online Learning Resource Research Projects module ⊡
Research Project Checklist and Planner (XLS)

**Submission guidelines** +

Your research projects are to be of a standard that is acceptable for publishing. It's recommended that you present your research projects at a peer-review meeting or submit them for publication.

## Formatting

Your research projects should:

- include the word count on the cover page and on the project title page or in the abstract
- demonstrate sound English
- be free of grammatical and typographical errors
- present in a clear, succinct and logical manner
- be formatted in a legible typeface, at least 11-point font size with 1.5 line spacing
- apply a consistent and detailed method of referencing

## Past research projects

The training committee may accept research projects that have previously been submitted for another RACP Advanced Training Program.

If you would like to request consideration of a previously submitted research project, contact the Education Officer as soon as possible at GeneralMedicineAdvanced@racp.edu.au (Australia) or GeneralMedicine@racp.org.nz (Aotearoa New Zealand).

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**Resources**

General and Acute Care Medicine Research Project cover sheet (DOC)
General and Acute Care Medicine Audit Project de-identified sample (PDF)
General and Acute Care Medicine Research Project de-identified sample (PDF)
RACP Online Learning Resource Research Projects module ⧉
Research Project Checklist and Planner (XLS)

**Marking outcomes**                                                                    +

Research projects are independently marked by 2 assessors using the research project marking criteria (DOC) common to all Advanced Training Programs. In the case that the assessors cannot reach agreement, the research project is sent to a third assessor who will determine an outcome.

There are 3 grading outcomes that a project assessor can make:

- Pass — meets expected standard, below expected standard in no more than 1 criterion
- Resubmit — 2 or more areas below the expected standard
- Fail — doesn't meet any of the criteria for a research project

You'll receive the outcome of your project within approximately 6 weeks of submission to the College. Delays in receiving project outcomes can happen between September and January, when the majority of project submissions are expected to occur.

If your project is marked as 'resubmit', you'll have 1 more opportunity to resubmit the same project to assessors with revisions. If you're dissatisfied with the outcome following resubmission, you can request for 2 new assessors to mark the project.

You can also request 2 new assessors to mark your project if it's marked as a 'fail' in the first instance. Note: you will incur a fee for any additional marking.

At this stage of marking, there are only 2 marking outcomes new assessors can provide — 'pass' or 'fail'. If your project is marked as a 'fail' by the 2 new assessors, you cannot resubmit again and will need to complete a substantially new project to meet your General and Acute Care Medicine Research Project requirement.

**Resources**

General and Acute Care Medicine Research Project cover sheet (DOC)
Advanced Training Research Project marking criteria (DOC)
General and Acute Care Medicine Audit Project de-identified sample (PDF)
General and Acute Care Medicine Research Project de-identified sample (PDF)
RACP Online Learning Resource Research Projects module
Research Project Checklist and Planner (XLS)

## Project supervisor's role ＋

You and your supervisor should meet early in the course of training to discuss and plan the projects that you will undertake.

Once the projects are decided, your supervisor should meet with you on a regular basis to ensure that the project is progressing and is adhering to the guidelines.

Your supervisor should review the final project and they're responsible for the final sign-off of the project prior to its submission to the training committee.

**Resources**

General and Acute Care Medicine Research Project cover sheet (DOC)
Advanced Training Research Project marking criteria (DOC)
RACP Online Learning Resource Research Projects module
Research Project Checklist and Planner (XLS)

# Learning Needs Analysis

## Overview     **+**

A Learning Needs Analysis (LNA) embeds the process of planning and evaluating learning in the trainee's practice.

The LNA is designed to help you:

- tailor your learning experiences and build on clinical knowledge and skills
- enhance face-to-face communication with your supervisor
- provide information on your learning needs and progress
- reflect on your strengths, limitations and future learning strategies

Your ward/service consultant or supervisor are responsible for:

- advising you of available learning opportunities and resources
- ensuring you have set appropriate goals and identified achievable learning objectives
- reviewing your completed LNA and providing you feedback

### Step-by-step: Learning Need Analysis

You need to complete a specified number of LNAs each year, per rotation. Refer to the training program requirements for the required number.

#### Prepare for your LNA

To plan the learning objectives for each training period, discuss the learning opportunities and resources available with your ward/service consultant or supervisor.

1. Meet with your consultant/supervisor to discuss:
   - career goals
   - personal strengths and weaknesses
   - strengths and constraints of the training site/rotation, including the expertise of the medical staff and the resources available
   - requirements established in the curriculum, the Professional Practice Framework and Professional Standards (PDF)

#### Create your LNA: Part 1

2. Log into your online training portal and create a new LNA
   Basic Training Portal ⧉* | Advanced Training Portal ⧉ | AFOEM Portal ⧉ | AFRM Portal ⧉

3. You'll be prompted to enter:
   - learning goals for the training period
   - self-evaluation on current competency for the goals identified
   - learning objectives from the curricula that map to your goals (optional)
   - strategies and resources that will assist your learning
   - contact details of additional supervisors (optional)

4. Submit Part 1 of your LNA

5. You and your consultant/supervisor can meet to review and improve your LNA

6. Begin implementing your LNA over your training period

## Complete your LNA: Part 2

At the end of your training period, you'll complete a self-evaluation of your LNA.

7. Login to your online portal and open Part 2 of your LNA

8. Provide your input on:
   - competency in the areas specified in the learning plan
   - evidence of learning
   - reflection on training period

9. Complete your LNA by submitting LNA Part 2

10. Your consultant/supervisor can access your completed LNA

\* New trainees who don't currently have access to the Basic Training Portal can complete a Learning Needs Analysis form (DOC). You don't need to submit this to your supervisor. When you have access to the portal, fill in your LNA online.

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**Resources**

Video tutorial ⬚

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## Requirements                                                  +

### Requirement | Australia

1 x Learning Needs Analysis (LNA) to be completed each training year

### Requirement | Aotearoa New Zealand

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    1 x LNA to be completed each rotation

## Deadlines

**Australia:** 31 January in the following year.

**Aotearoa New Zealand:** Due at the end of each rotation.

In your final year, your LNA is due 15 October.

Submit your LNA via the [Advanced Training Portal](#) ⧉.

## Professional Qualities Reflection

| Overview | + |
|---|---|

A Professional Qualities Reflection (PQR) allows a trainee to reflect on an event, or series of events, that is medically or professionally significant to them.

Through analysis of the event, you'll be able to identify and integrate new skills and knowledge to improve your performance.

Reflecting on your professional qualities can cause you to question your beliefs, attitudes and behaviours, and develop new ideas and insights to inform your future practice.

When planning your PQR, you should consider:

- What happened?
- Why did it happen?
- What did you learn?
- How can you improve patient care?
- What action did you or will you take?

Refer to your specific PQR program requirements.

## Choosing an event

Analyse an event or events that impacts your professional practice.

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 you might experience in a healthcare setting.

# Step-by-step: Professional Qualities Reflection

1. Go to your online training portal:
   [Basic Training portal](#) ⧉
   [Advanced Training portal](#) ⧉
   [AFOEM portal](#) ⧉
   [AFPHM portal](#) ⧉
   [AFRM 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 you respond to it?

5. Detail the insights you gained from the event(s) and how it will impact your medical professionalism.

6. Submit your completed PQR to your Professional Development Advisor* (Basic Training) or Supervisor (Advanced Training) through your online training portal.

7. Arrange with your Advisor or Supervisor a time to discuss your PQR.

8. At your meeting/interview, discuss your PQR with your Professional Development Advisor or Supervisor and seek feedback on your future practice.

\* A Professional Development Advisor doesn't need to be a RACP Fellow. For example, your Advisor can be your Ward/Service Consultant or an Advanced Trainee.

# 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.

See Anonymity and confidentiality.

## 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 you give in this self-reflective tool to any third party without consent unless it's required to do so by law.

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

## Requirements                                                              +

### Requirement

1 x Professional Qualities Reflection (PQR) to be completed each training year

## Deadlines

**Australia:** 31 January in the following year.

**Aotearoa New Zealand:** Due at the end of each training rotation.

In your final year, your PQR is due 15 October.

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

## Supervisor's Report

| Overview | + |
|---|---|

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

### Online Supervisor's Report pilot

We have been looking at ways to improve reporting by offering online Advanced Training Supervisor's Reports. We are extending our pilot, which commenced last year.

We ask that trainees and supervisors give the online report a go, save time by completing it online and share your feedback with us.

Learn more about the [online Supervisor's Report pilot](#).

Note: Paper reports will continue to be available during the pilot.

### Step-by-step: Online Supervisor's Report

Your nominated supervisor(s) are listed in your 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 your [online Supervisor's Report](#) ⧉ using your RACP ID and [multi-factor authentication](#).

3. Open the report for your 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 your supervisor(s) have completed their assessment, you should meet with them to discuss their assessment of your performance.

6. Following your discussion, your supervisor submits the report.

7. You and your supervisor(s) can add comments and complete declarations in the 'Submit report' tab.

Your report is complete only after you and your supervisor(s) have completed the declarations.

## Step-by-step: Paper Supervisor's Report

All your nominated supervisors must complete the Supervisor's Report. You can view your nominated supervisors by logging in to your training portal.
[Advanced Training](#) ⃔ | [AFRM](#) ⃔

1. Arrange a meeting to discuss and complete the Supervisor's Report with your supervisor(s).

2. Check that you have completed all relevant sections of the report prior to submission as incomplete reports will be returned to you.

3. Submit your report(s) in PDF (preferred) or Word format via email to your specialty, copying in:

   - all supervisors
   - your other specialty, if you're actively dual training.

4. Save a copy of your report(s) for your own records.

If you have 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 your Supervisor's Report is submitted after the specified deadline.

Late reports will not be accepted unless you've been granted an extension through an [Application for Special Consideration](#)[*] (DOC).

Special Consideration must be applied for prior to the Supervisor's Report deadline. You can also submit a letter of explanation to support your 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.'

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**Resources**

[Online Supervisor's Report](#) ⇗
[Multi-factor authentication](#)
[Education policies](#)

## Requirements   +

### Requirement

**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
- 1 x Supervisor's Report for the last 6 months of the training year due by 31 January in the following year

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

- 1 x Supervisor's Report completed for each rotation:
  - Due 15 July for rotations in the first half of the year
  - Due 31 January for rotations in the second half of the year

In your final clinical training year, we recommend submitting your last Supervisor's Report before the 31 January deadline to avoid delaying certification of the training period.

**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
- 1 x Supervisor's Report and 1 x Trainee's Report for the whole 12 months of the training year due by 15 December

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

- 1 x Supervisor's Report and 1 x Trainee's Report completed for each rotation:
  - Due 30 June for rotations in the first half of the year
  - Due 15 December for rotations in the second half of the year

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

You're to ensure all supervisors receive a copy of the Supervisor's Report. Previous copies of Supervisor's Reports must be provided to your next supervisor.

The Trainee's Report is a survey used to provide feedback to the Advanced Training Committee for use in future training program evaluations. It encourages you to reflect on your training rotations, and to embed reflection and review into your practice. Supervisors don't need to sight this report.

**Resources**

General and Acute Care Medicine online Supervisor's Report ⧉ (RACP login required)
Online Supervisor's Report FAQs
General and Acute Care Medicine Supervisor's Report form (DOC)
Supervisor Details Amendment Form (DOC)
Supplementary Supervisor Comments Report (DOC)
General and Acute Care Medicine Trainee's Report ⧉ | Australia
General and Acute Care Medicine Trainee's Report (DOC) | Aotearoa NZ

# Optional requirement

## Meeting attendance

| **Overview** | **+** |
|---|---|

It's recommended you attend the annual Internal Medicine Society of Australia and New Zealand (IMSANZ) conference once during Advanced Training.

The conference provides an opportunity for learning, presenting your project work and interaction with other general and acute care medicine trainees and experts.

| **Requirements** | **+** |
|---|---|

Recommended

Attend the annual IMSANZ conference once during Advanced Training

## More information

[Education policies](#)
[RACP Online Learning resources](#) ⬀
[Trainee support](#)

# Forms and resources

## Curricula

General and Acute Care Medicine Advanced Training Curriculum (PDF)

Professional Qualities Curriculum (PDF)

Obstetric Medicine Recommended Training Curriculum for General and Acute Care Medicine trainees (PDF)

**Developed by The Society for Obstetric Medicine of Australia and New Zealand (SOMANZ)**

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Advanced Training Portal

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## Forms and reports

### Advanced Training Research Project

Advanced Training Research Project cover sheet (DOC)

Advanced Training Research Project marking criteria (DOC)

Research Project Checklist and Planner (XLS)

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### Case-based Discussion

Case-based Discussion rating form (PDF)

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### Cultural Safety

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

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### General and Acute Care Medicine Research Project

General and Acute Care Medicine Research Project cover sheet (DOC)

Advanced Training Research Project marking criteria (DOC)

General and Acute Care Medicine Audit Project de-identified sample (PDF)

General and Acute Care Medicine Research Project de-identified sample (PDF)

Research Project Checklist and Planner (XLS)

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### Supervisor's Report

General and Acute Care Medicine online Supervisor's Report (RACP login required)

General and Acute Care Medicine Supervisor's Report (DOC)
Online Supervisor's Report FAQs
Supplementary Supervisor Comments Report (DOC)
Supervisor Details Amendment Form (DOC)

## Trainee's Report

General and Acute Care Medicine Trainee's Report | Australia
General and Acute Care Medicine Trainee's Report (DOC) | Aotearoa NZ

# Specialty societies

## Internal Medicine Society of Australia and New Zealand

The Internal Medicine Society of Australia and New Zealand (IMSANZ) is the peak professional body representing general and acute care medicine physicians in Australia and Aotearoa New Zealand.

## Society of Obstetric Medicine of Australia and New Zealand

The Society of Obstetric Medicine of Australia and New Zealand (SOMANZ) aims to advance clinical and scientific knowledge of hypertensive diseases and medical disorders in pregnancy and to foster collaboration with other regional and international societies interested in hypertension in pregnancy and obstetric medicine.

Trainees are encouraged to attend Annual Scientific Meetings and should contact IMSANZ and SOMANZ for more details.

# RACP resources

Trainee support is available through the Training Support Pathway, assisting you in navigating the progression through training process and reporting on your progress to your training committee.

RACP online learning resources is home to all online learning opportunities for trainees, with its range of online learning courses, resources and interactive learning content. It also hosts:

- College Learning Series is an interactive online resource specifically targeted to the needs of Basic Trainees.
- Curated collections are learning resource guides based on the contributions and peer review of RACP Fellows and other experts.

Pomegranate Health podcast is a monthly medical podcast created by physicians, for physicians.

Evolve is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.