RACP
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General and Acute Care Medicine

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)

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)

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)

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

Aotearoa New Zealand +

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(24 months minimum)

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

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Advanced Training summary

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

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 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.

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.

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 these patients for the duration of care (with the medical team)
- 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 is comprised of 2 x 6-month rotation completed in 2 distinct subspecialties.

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
- infectious diseases
- nephrology
- neurology, stroke medicine
- oncology
- palliative care
- respiratory medicine, sleep medicine

Ambulatory care and/or predominantly consultation-based units:

- 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.

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) 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 upon the actual work done and the 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 these patients for the duration of care (with the medical team)
- 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:

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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)

COVID-19 interim changes

Interim requirement changes apply from the start of the 2021 clinical year. Training Committees will review requirements again in late 2021.

Australia

Entry requirements

Application for Entry	
Current requirement	Interim change requirement
Completion of RACP Basic Training, including the Written and Clinical Examinations	See Provisional Advanced Training.
Current medical registration	
Appointment to an appropriate Advanced Training position	

Leave allowances

In 2021, up to 14 days of leave related to COVID-19 for quarantine or sickness can be taken.

If you exceed your 14-day COVID-19 leave allowance, and it impacts your progression, you can apply to your Advanced Training Committee (ATC) for special consideration.

Requests for special consideration are considered by the Committee COVID-19 Lead on a case-by-case basis.

How to apply

Submit an application for special consideration (DOC) with supporting evidence from your employer, GP and/or other relevant medical practitioners.

Your ATC will take into account this documentation when considering your certification of training.

Aotearoa New Zealand

Entry requirements

Application for Entry	
Current requirement	Interim change requirement
Completion of RACP Basic Training, including the Written and Clinical Examinations	See Provisional Advanced Training.
Current medical registration	
Appointment to an appropriate Advanced Training position	

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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

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

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

The ATRP requirement must be undertaken and completed during your Advanced Training.

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.

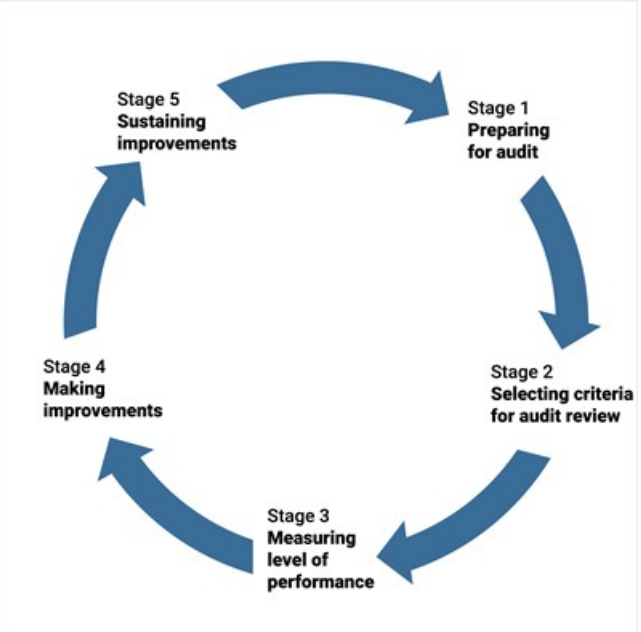
An audit will identify substandard areas and develop recommendations for implementation, based on a succinct review of the literature. The audit should then be repeated to assess the success of the

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.



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

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 similiarity 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)

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)

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).

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.

Published case reports that are essentially 'letters to the editor' of a medical journal will be considered unsatisfactory.

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.

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).

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.

Resources

Video tutorial

Requirements +

Requirement | Australia

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

Requirement | Aotearoa New Zealand

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 PQR is a quality assurance activity that has 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.

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.

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.

Step-by-step: 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 | AFOEM | AFPHM | AFRM

Completing a report

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

2. You and your supervisor's declarations must be completed and dated for your Supervisor's Report to be considered complete. Signatures are not required.

   Incomplete reports will be returned to you for completion.

> 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.

Submitting a report

3. Submit your report(s) via email to the specialty Education Officer. If you're dual training, send your report(s) to both specialty Education Officers.

4. All supervisors must be copied into your report submission email to your specialty.

5. Reports are accepted in PDF format (preferred) or Word format only.

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

Late submission

Your Advanced Training Committee or Subcommittee 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.'

Resources

Education policies

Requirements

Requirement | Australia

12-month position

- 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.

Requirement | Aotearoa New Zealand

12-month position

- 1 x Supervisor's Report for the first 6 months of the training year due by 30 June
- 1 x Supervisor's Report for the whole 12 months of the training year due by15 December

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

- 1 x Supervisor'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 component is used to provide feedback to the Advanced Training Committees for use in future training program evaluations. It encourages trainees to reflect on their training rotations, and to embed reflection and review into their practice. This is a confidential report and

supervisors do not need to sight this report.

Resources

General and Acute Care Medicine Supervisor's Report (DOC)
General and Acute Care Medicine Trainee's Report | Australia
General and Acute Care Medicine Trainee's Report (DOC) | Aotearoa NZ
Supplementary Supervisor Comments Report (DOC)
Supervisor Details Amendment Form (DOC)

More information

Education policies
RACP Online Learning Resources
Trainee support