



The Royal Australasian
College of Physicians

Specialist Advisory Committee in General and Acute Care Medicine

2012 General Medicine Advanced Training Draft Guidelines

Disclaimer:

Please bear in mind that these draft guidelines will be incorporated in the 2012 Handbook for General Medicine advanced training and a final requirement for the draft to become formally recognised is ratification by College Education Committee. In addition to this, please note that implementation of any revised/new program requirements must follow College guidelines as agreed by the CEC. Consultation with trainees and Fellows within the specialty must be conducted before implementation.

Please note that any changes to the training requirements will apply to all trainees within the PREP program, including those who commenced Advanced Training in 2011. Existing advanced trainees who have commenced training prior to 2011 will continue to follow the guidelines that were in place when they commenced their advanced training program. Further discussion regarding the revision and implementation of PREP training programs will occur during the College Training Summit, 18 August 2011.

OVERVIEW OF THE SPECIALTY

General physicians (or a specialist in internal medicine) are specialist physicians with expertise in the diagnosis and management of complex, chronic and multisystem disorders. They are able to co-ordinate patient care and work within the multidisciplinary team to optimise health outcomes for individuals and groups. The general physician has a breadth of expertise, which spans acute hospital and ambulatory care settings. Their work is not limited by patient age, diagnostic category or treatment intent. Notable rewards include the privilege of being able to offer whole person care to the same individual at different times, for different conditions with many clinical scenarios requiring the expert use of a high level biopsychosocial approach.

General physicians ensure the delivery of efficient, cost-effective and safe care for the community and their expertise is particularly needed in remote and rural areas where there are very few organ-system subspecialists. General physicians also practice in many niche areas such as peri-operative medicine, obstetric medicine, acute stroke medicine, clinical pharmacology, palliative care and acute care of the elderly. General physicians also contribute to workforce development and are leaders in medical education and health policy formulation.

Academic and research opportunities also exist within general medicine particularly in the areas of clinical epidemiology and health systems performance.

More recently, acute care medicine is evolving as a distinct entity within general medicine. Training in acute general medicine prepares the physician to assume a consultant role in undifferentiated acute medical admissions services. This may be in the setting of an acute medical unit (AMU) or medical assessment and planning unit (MAPU). At present, trainees seeking to develop skills to work as an acute care medicine physician are encouraged to follow the training guidelines as outlined in this document. Further advice and guidance will be provided as it is developed by the Specialist Advisory Committee (SAC) in General and Acute Care Medicine and the Internal Medicine Society of Australia and New Zealand (IMSANZ).

GENERAL PRINCIPLES OF TRAINING

1. Training in general medicine involves the formulation and successful completion of a carefully constructed and balanced training program approved prospectively by the SAC, recognising the need for flexibility and the need to acquire clinical, teaching, research and administrative skills as outlined in the [General Medicine Advanced Training Curriculum](#).
2. Hospitals offering advanced training in general medicine in Australia should be accredited by the SAC in General and Acute Care Medicine (Australia). See [General Medicine Accreditation of Settings](#) section for further information. In New Zealand, the run should be pre-approved by the SAC in General and Acute Care Medicine as per point 2.
3. It is recommended that trainees attempt to plan ahead for the whole three year period of advanced training whilst maintaining some flexibility. A mix of rotations in general medicine and other subspecialties is required as detailed below. The order of rotations to complete your training is also flexible - to suit the needs of the trainee while taking into account the availability of training positions. Please see the relevant section on flexibility of training.
4. The recommended mix of rotations will ensure that trainees acquire competence in acute care medicine, and will also have adequate exposure to non-acute and ambulatory specialties.
5. Trainees are encouraged to consider dual training. Please refer to the relevant section.
6. The option of post-FRACP training is available for those who wish to obtain further experience after the completion of advanced training in general medicine. This might include training in another subspecialty. Please see the relevant section.

DUAL TRAINING

Dual training is the process whereby a trainee and supervisor may prospectively develop an advanced training program of not less than 4 years total, which upon completion will satisfy the training requirements of the SAC in General and Acute Care Medicine as well as the SAC/STC/JSAC in a defined second specialty.

Consultants with dual training are particularly well suited to meet the requirements of an increasing number of hospitals who seek consultants who are capable of providing a subspecialty service, usually in the form of a specialty outpatient or procedure clinic but who can also participate in an acute, undifferentiated medicine on call roster and care for patients admitted to general medicine in-patient units. Conversely, consultants not trained in general medicine may not be able to be locally credentialed as consultants capable of providing care to patients with undifferentiated acute medical problems and thus may be limited in their employment options.

Dual training requires the trainee to prospectively submit a single application to both SACs. This is achieved by simply nominating a secondary SAC on the front page of the primary SAC application. It does not require a separate application to each of the SACs.

The SAC in General and Acute Care Medicine may prospectively approve up to 18 months of training in a second specialty towards training in general and acute medicine. With good planning and close liaison with relevant parties, trainees can also select an additional 6 months rotation in another discipline or area of practice that is capable of being recognised and approved for training by both primary and secondary SACs.

The overall training plan must support a breadth of experience and have a focus on the ability to manage acute undifferentiated patients as well as outpatient care. Therefore, the SAC may make individual recommendations to ensure that this is achieved. Dual training is now the usual method of advanced training in New Zealand.

POST-FELLOWSHIP TRAINING IN GENERAL MEDICINE

Fellows who have already completed their training in another subspecialty often choose to undergo further training to gain fellowship in general medicine.

In most cases, where this has not been planned prospectively, a further 18 month period of training will be required. That is, trainees will be required to complete the equivalent training requirements of dual trainees to obtain a fellowship in general medicine.

Post-fellowship trainees should review the RACP policy titled [Post-fellowship training requirements \(Divisional Programs\)](#).

For a small subset of Fellows, the RACP policy titled [Recognition in a subspecialty of adult medicine without completion of the relevant advanced training program](#) may be relevant.

Applications for recognition of prior training towards Fellowship in general medicine will be considered within the framework of the [RACP Recognition of Prior Learning Policy](#). Trainees are strongly encouraged to contact the SAC as early as possible to obtain advice and guidance.

Trainees are encouraged to make the decision to complete a dual fellowship at the beginning of their advanced training rather than after fellowship is conferred. This will allow them to tailor their training experience to meet the goals of each SAC within the minimum four year period.

Post- Fellowship Training after General Medicine

Advice must be sought from the SAC/STC/JSAC of the relevant specialty.

Flexibility of Training

One of the huge advantages of Advanced Training in General Medicine is the flexibility it offers to trainees.

The SAC will be guided by the RACP policy titled *Flexible Training (to be ratified by the CEC)* when providing advice and reviewing applications for training part-time, with interruptions etc. Trainees are encouraged to review this policy when it is ratified to assist with structuring their training program.

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COMPONENTS OF TRAINING

The SAC in General and Acute Care Medicine in both Australia and New Zealand have mandated that registrars are to have completed certain rotations before being awarded Fellowship in general medicine.

The expectation is that rotations will be of minimum 6 months duration. Roles of 4 months will be considered providing they form a component of a full years continuous program. (ie.3x4 months). Terms of 3 months or less will not be approved.

The allowance of 12 months of non-core training time, provides trainees with the flexibility to seek 12 month positions. In this case, 6 months will usually count towards one of the group requirements and 6 months will be non-core.

Rotations in nights and relief will not be considered towards training. A small amount of night shift work will be accredited per annum as part of an advanced trainees role in service delivery, particularly in smaller centres and to provide support to BPTs during examination periods.

Night shifts undertaken as part of rolling roster of shift work (such as is common in ICU settings) will be considered.

For trainees undertaking single specialty training in General Medicine (ie. not dual training)

As part of their three years of Advanced Training an advanced trainee must have:

- 6 months experience in General Medicine;
- 6 months experience in Acute Care (Group A);
- 6 months experience in Group B
- 6 months experience in Group B or C
- 12 months of non-core training

For trainees undertaking dual training in General Medicine and another specialty

As part of their four year dual training in General Medicine and another specialty, the trainee must complete as a minimum:

- 6 months experience in General Medicine;
- 6 months experience in Acute Care (Group A);
- 6 months experience in either Groups B or C - This must be in a specialty/role which is neither general medicine or the dual trained specialty.
- The required core years in the other specialty
- Non-core training to make up a total 4 or more year(s) program.

FURTHER INFORMATION ON GROUP A, B AND C ROTATIONS

Rotations categorised as A B or C will have decreasing levels of acuity. Not all positions in the same subspecialty will qualify for the same status as this will depend upon the actual work done and the level of acuity.

Some examples of rotations by category are also provided. Each rotation will need to be prospectively approved by the SAC based upon its rotation description. After these guidelines have been in place for some time, we expect local hospital supervisors and mentors will know the category into which a position falls, based on prior trainees who have undertaken the role.

It is very important for trainees to accurately describe the nature of the rotation on their applications to ensure they receive appropriate classification.

General Medicine Rotation

This will require the following:

- I. Supervision will be with a general medicine consultant. At least two ward rounds per week will be with one of the supervising consultants.
- II. The trainee should be responsible for admitting acute patients predominantly to their own team on a roster. The trainee will attend these inpatients as the lead junior doctor on a daily basis. The trainee will lead the team responsible for liaising with the referring doctors prior to their admission and after discharge.
- III. The trainee will remain responsible for the care of these patients along with a medical team for the duration of their stay.
- IV. The trainee will attend at least one outpatient clinic per week where they have the opportunity to see new patients referred from the community and to follow up patients from the inpatient ward.
- V. The frequency of admission should not be less than on a one in seven basis, excepting job sharing arrangements which will be considered by the SAC individually. Hospitals where the frequency of admission ("on-take") days is less, will be assessed by the number of acute admissions per week.

Terms in some hospitals associated with an acute assessment ward will still fit into the general medicine category.

GROUP A POSITIONS

The essence of such a role is to gain experience in the management of patients with acute, life threatening physiological disturbance.

These positions will require the following:

- I. Supervision will be with a consultant in the acute specialty, and there will be at least two supervised ward rounds per week.
- II. The trainee will be responsible for admitting patients with acute, life threatening disease to their own team, both in hours and after hours as per a roster. It is accepted that there may be a pooled after hours registrar service where the trainee may be responsible for admissions to other services also, but during the working day hours the trainee will admit primarily to their own service along with members of their team. The trainee will attend these inpatients as the primary doctor on a daily basis. Ideally the trainee will be responsible for liaising with the referring doctors prior to their admission and following discharge.
- III. Where the service is an acute admission service, such as an APU or a similar arrangement, the trainee must have the ability to follow any admissions beyond the acute admission day in a supervised arrangement.

- IV. APU and ICU attachments do not require outpatient clinics for follow-up of their inpatients, however the SAC would look favorably upon any position that did include one. Other acute A category services require that a registrar attend outpatient clinics on at least a weekly basis for the purpose of seeing referrals from the community and follow-up of inpatients.
- V. Subspecialty runs that are based in outpatients predominantly or substantially based about performing of procedures will not qualify for 'A' status.
- VI. Positions based entirely in the Emergency Department may be considered on an individual basis, but should be primarily supervised by a general medicine physician.

Some examples of group A terms are cardiology, respiratory, obstetric medicine, intensive care, acute assessment and planning units, inpatient geriatrics and acute stroke units. This is not a complete list.

GROUP B POSITIONS

The aim of these rotations is to provide the trainee with experience in the management of inpatients throughout the course of an acute illness, and including the planning of discharge, aftercare and follow-up. Ideally it will include provision of general medicine consultative services to other services within the facility such as to surgery or to obstetrics.

These runs will involve the following:

- I. The workload will be predominantly inpatient based, in which the registrar will be responsible for the care of inpatients in a supervised manner. The registrar will have at least two supervised rounds per week.
- II. The registrar may be involved as a part of a team responsible for consultations on inpatients primarily managed by other teams/units.
- III. There will be an acute component to their inpatient work, although this may not be a substantial part of the weekly workload. This acute component may source patients from current hospital inpatients, from community referrals or as part of an after hours on-call roster.
- IV. There may be a significant outpatient workload which can involve some procedural clinics that may have an acute focus. E.g. Endoscopy, neurophysiology/EEG, TIA clinic

Some examples of group B terms are gastroenterology/hepatology, haematology/medical oncology, geriatric medicine, rehabilitation medicine (inpatient), neurology, nephrology, infectious diseases, obstetric medicine support service, peri-operative medicine. This is not a complete list.

GROUP C POSITIONS

The focus of these rotations will be to provide the trainee with experience in the longitudinal care of patients, particularly focusing on experience in the care of patients with chronic, or complex diseases. It is expected that such rotations will provide some training/experience in resolving issues too complex to be easily managed in a primary care setting.

Research, medical management or medical education terms are acceptable alternatives.

These rotations will involve the following:

- I. The main component of the workload may be outpatient based, or may involve attending mostly non-acute inpatient referrals.
- II. There will be no substantial acute inpatient workload. This means that the registrar will be responsible for less than 2 acute inpatients at any one time, but may have an inpatient workload of arranged admissions or in-hospital transfers.
- III. This run may include primarily research or teaching activities with no significant patient contact.

Some examples of group C terms include endocrinology/diabetes, rheumatology, immunology and allergy, clinical pharmacology, palliative medicine- community based, research/quality assurance, chronic disease management, medical administration, medical education, cardiac failure service , renal dialysis. This is not a complete list.

TEACHING AND LEARNING

- **Learning Needs Analysis (1 per training year)** is used by the trainee to plan the learning goals and opportunities for each rotation. The Learning Needs Analysis tool is linked both to the General Medicine Advanced Training Curriculum and the Professional Qualities Curriculum, and facilitates a focus on the learning objectives of each subspecialty training program to develop a learning plan. The Learning Needs Analysis is accessed via the Advanced Training Portal.

ASSESSMENT

FORMATIVE ASSESSMENT

- **Case-based Discussion (1 per training year)** is designed to evaluate the level of professional judgement exercised by the trainee in clinical cases. A Case-based Discussion encounter involves a comprehensive review of clinical cases between an Advanced Trainee and an assessor, resulting in feedback being given to the trainee across a range of areas. The results of a Case-based Discussion assessment can be entered online via the Advanced Training Portal.
- **The Mini-Clinical Evaluation Exercise (1 per training year)**, is a formative assessment tool to help trainees review their performance on-the-job and to aid the learning process during their training. Through being observed undertaking a number of cases over a period of time with a number of different assessors, these individual brief encounters add up to provide a reliable measure of a trainee's performance.

Skills such as history taking, communication skills, physical examination and the management of patients and their problems can be difficult to assess reliably within the workplace and in the past such assessment has therefore been suboptimal. The Mini-Clinical Evaluation Exercise provides a practical solution with significant learning benefits.

The Mini-Clinical Evaluation Exercise is accessed via the Advanced Training Portal.

SUMMATIVE ASSESSMENT

- **Final Supervisor's Report (1 per training rotation)**, is a summative assessment of the trainee's period of training. Supervisors should discuss the report with the trainee prior to sign-off by both parties. If the trainee's supervisor has not directly supervised the trainee throughout the year, the supervisor should obtain individual reports from those who have directly supervised the trainee, and provide a composite report.

Progression to the next year will not occur until a Final Supervisor's Report has been received and assessed as satisfactory by the SAC in General and Acute Care Medicine.

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- For Advanced Trainees in 12 month positions a Mid-Year progress report is required by **15 July**.
- Advanced Trainees undertaking four or six month rotations with different supervisors or at different sites are required to submit a Final Supervisor's Report for each rotation. The submission date for Final Supervisor's Reports for four or six month rotations in the first half of the training year is **15 July**.
- Final Supervisor's Reports for twelve month rotations must be received at the College by **31 January**.

- **Research Projects (2 over the course of advanced training)**. Please see Project Requirements section below for further details. Please note that one satisfactory project must be completed prior to entering the third year of advanced training.

SUPERVISION

A trainee must have two supervisors for each rotation. This may include two direct clinical supervisors or one direct clinical supervisor and one supervisor focusing on personal professional development, mentoring, project guidance etc.

One of the supervisors must be actively practicing in general medicine.

We suggest that trainees seek a mentor for their 3 years of training. This person should have an understanding of the training guidelines and curriculum in general medicine so that there is an opportunity to obtain career advice and support to seek training positions that will allow the trainee to meet their training and career goals. The member of the SAC from your state or region can be contacted to provide advice, please contact GeneralMedicineAdvanced@racp.edu.au for further details.

ACCREDITATION OF TRAINING SETTINGS

The SAC in Australia undertakes a process of accreditation of sites for Advanced Training in General Medicine. This process requires the site to complete a [site survey](#) outlining details of supervision, facilities and infrastructure, profile of the work, teaching and learning opportunities and support services for trainees. Please check on the General Medicine specialty webpage for the [current list of accredited sites in Australia](#).

Some Australian sites receive limited accreditation - the limitation is mostly placed on the duration of training an individual can complete at that site. This is largely because of the absence of other disciplines and roles. For example, a trainee can obtain credit for 6 months General Medicine at many of the smaller rural hospitals. If such a role is for 12 months, the other 6 months may be credited towards the elective training requirement.

A rotation into another specialty does not have to be accredited by that specialty to be a suitable training position for a trainee in General Medicine. Providing the site is accredited by the Australian SAC and the role offers an appropriate training experience, the SAC will look favourably on the trainees application.

The SAC in New Zealand (partly because of the smaller numbers involved) does not accredit training sites. This SAC is very familiar with most of the training positions in New Zealand and their suitability. If a new position is developed, the New Zealand SAC will assess the trainees prospective application for approval of training and make a decision based on that information. Trainees are encouraged to seek guidance even prior to submitting their application.

Trainees are advised to seek training opportunities at different sites.

A trainee who is considering training time overseas should seek guidance from the relevant SAC.

PROJECT REQUIREMENTS

Consultant practice requires the individual to be able to collate and communicate data in a concise and informative manner. As such the SAC requires general medicine advanced trainees from 2011 onwards to produce 2 projects in total during the course of their training.

For trainees under the 2007 General Medicine training guidelines, 3 projects in total (1 project per training year) must be completed. These projects are to be of a publishable standard. Ideally projects should be presented at a peer reviewed meeting, or submitted for publication, however, the SAC recognises that this is not always possible.

Projects fall into several categories. Candidates should note that only one case report/case series is allowed. The other project must be from other categories. Please refer to the following link for a guide to projects, [General Medicine Project guidelines](#).

Please note that submission of FRACP exam organisation from trainees entering 2011 will not be accepted.

CONTACT DETAILS

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