

# Education renewal

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## New program handbook – 2024 transition year

### Advanced Training in Rehabilitation Medicine (adult)



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#### About this document

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

This handbook should be used in conjunction with the Advanced Training in Rehabilitation Medicine (adult) [curriculum standards](#).

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

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

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

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# Program overview

## CURRICULUM STANDARDS

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

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

## LTA STRUCTURE

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



### Entry criteria

Prospective trainees must have:

- completed 2 years full time (or full-time equivalent) of supervised postgraduate general clinical experience in a health-related field (post primary medical degree) within the last 5 years.
- completed an advanced life support course within 12 months prior to commencing training.
- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.
- an AFRM-accredited clinical training position for core Advanced Training in Rehabilitation Medicine.

## LTA REQUIREMENTS

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

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

### Requirements in 2024

#### Registration

1 [entry form](#) and 1 [registration form](#)

#### Teaching

2 [education supervisors](#)

#### Assessment

1 [learning plan](#)

2 [professional qualities reflections](#)

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

2 [supervisor's reports](#)

### Requirements over the course of training

#### Learning

Minimum 48 months FTE [professional experience](#)

9 [learning courses](#)

#### Recommended resources

#### Assessment

1 [AFRM module 2 clinical assessment](#) (renamed entry phase examination from 2025)

1 [AFRM fellowship written examination](#)

1 [AFRM fellowship clinical examination](#)

2 [case reports](#)

1 [research project](#)

1 [experiential logbook](#) (optional)

# About the program

## 2024 transition year

### The new program

The College has revised the Advanced Training in Rehabilitation Medicine (adult) program to place more emphasis on competency in training.

This includes:

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

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

## 2024 transition year

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

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

## Changes we're working on for 2025

### Technology

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

### Assessment tools

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

### Programmatic assessment and decision-making

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

To find out more about the full new program, see the [new program handbook](#).

## Purpose of Advanced Training

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

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

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



## Overview of specialty

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

Rehabilitation medicine is a:

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

Rehabilitation medicine physicians:

- use knowledge and skills – developed through the AFRM training program, equivalent overseas or post-fellowship training – to manage all patient types with medical, musculoskeletal, neurological and neuromuscular disorders, with an emphasis on maximising functional ability and quality of life
- diagnose and treat patients from adolescence and young adulthood through to the older people

- can manage children in certain circumstances but generally do not provide a full range of rehabilitation services to children – see Paediatric Rehabilitation: Rehabilitation Scope of Practice
- treat patients affected by function limiting and/or painful conditions involving the central, peripheral and autonomic nervous systems, the cardiopulmonary and musculoskeletal systems, as well as those who experience disability due to illness or injury affecting other body systems
- hold a unique blend of education, training and experience, which makes the rehabilitation medicine physician an ideal treating or consulting physician for patients who have impaired function due to debility and deconditioning, including older patients and those with reduced function as a result of chronic diseases or other complex health conditions
- are experts in the assessment, treatment, and management of people with permanent disability as a result of injury or illness
- are well placed to manage patients with occupational or sports-related musculoskeletal or neuromuscular injuries
- use appropriate laboratory and imaging studies, but are also trained in the clinical interpretation of other diagnostic studies that evaluate musculoskeletal and neuromuscular systems such as CT, bone scan, MRI, and musculoskeletal ultrasound
- are specially trained in the use of therapeutic exercise, orthotics, prosthetics, and other rehabilitation equipment and modalities, and can prescribe these precisely to meet patients' specific needs
- may engage in the delivery of health services through new models of care and modalities, such as in-reach rehabilitation, early supported discharge, rehabilitation in the home and other community rehabilitation and integrated care models, reablement and restorative models of care, and ambulatory care services, as well as virtually via telerehabilitation
- possess a holistic approach, with experience in integrated care with primary care physicians, and training in leading interdisciplinary teams
- are skilled in secondary and tertiary prevention for ambulatory patients in the community, such as in ambulatory care services and interdisciplinary falls prevention services, as well as for patients who have stroke, neurological or musculoskeletal conditions, osteoporotic fractures or fragility, to prevent relapse or recurrence of injury or to improve function or quality of life.

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

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

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

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

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

## **Supervising committee**

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



## Qualification

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

# Learning goals and progression criteria

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

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

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

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

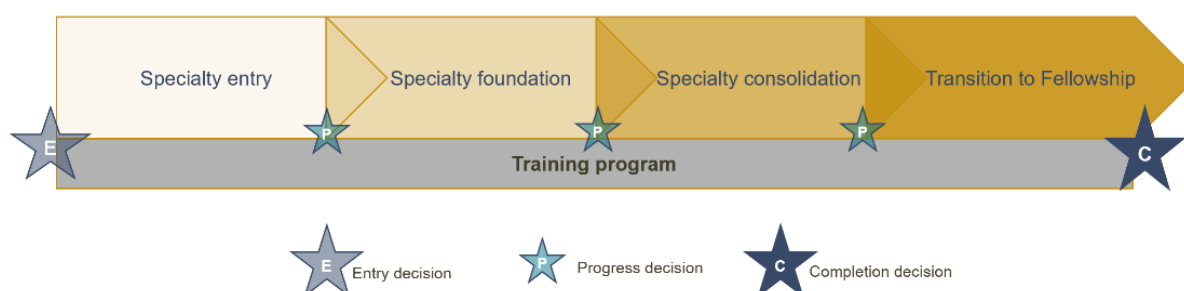


Figure: Advanced Training learning, teaching, and assessment structure

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



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

## Entry criteria

<b>Entry attributes</b>	<p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none"><li>• a commitment and capability to pursue a career as a physician in rehabilitation medicine.</li><li>• the ability and willingness to achieve the common learning goals for Advanced Training:<ul style="list-style-type: none"><li>• team leadership</li><li>• supervision and teaching</li><li>• the professional behaviours, as outlined in the Competencies</li></ul></li></ul>
<b>Entry criteria</b>	<p>Prospective trainees must have:</p> <ul style="list-style-type: none"><li>• completed 2 years full time (or full-time equivalent) of supervised postgraduate general clinical experience in a health-related field (post primary medical degree) within the last 5 years.</li><li>• completed an advanced life support (ALS) course within 12 months prior to commencing training.*</li><li>• general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.</li><li>• an AFRM-accredited clinical training position for core Advanced Training in Rehabilitation Medicine.</li></ul> <p>*For trainees commencing in 2024 only, this can be completed during the specialty entry phase of training. Trainees must submit evidence of enrolment in a suitable ALS course in 2024 and submit evidence of completion prior to entering the specialty foundation phase.</p> <p>For full details on the ALS course requirement, see the 'training requirements' tab of the <a href="#">PREP program handbook</a>.</p>

## Progression criteria

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

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

## Learning goals

The [curriculum standards](#) are summarised as **23** learning goals. Learning and assessment activities are linked to the learning goals to ensure that these activities align with the standards and trainees are able to demonstrate learning across the breadth of the curriculum.

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

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

### Rating scales

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

		Progression criteria			Completion criteria	
	Learning goals	Entry into training <i>At entry into the program, trainees will:</i>	Specialty entry* <i>By the end of this phase, trainees will:</i>	Specialty foundation <i>By the end of this phase, trainees will:</i>	Specialty consolidation <i>By the end of this phase, trainees will:</i>	Transition to fellowship <i>By the end of training, trainees will:</i>
Be	<b>1. Professional behaviours</b>	<b>Level 4</b> need to work on behaviour in <b>1 or 2 domains</b> of professional practice	<b>Level 4</b> need to work on behaviour in <b>1 or 2 domains</b> of professional practice	<b>Level 5</b> consistently behaves in line with <b>all 10 domains</b> of professional practice	<b>Level 5</b> consistently behaves in line with <b>all 10 domains</b> of professional practice	<b>Level 5</b> consistently behaves in line with <b>all 10 domains</b> of professional practice
	<b>2. Team leadership:</b> Lead a team of health professionals	<b>Level 1</b> be able to be present and observe	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
Do	<b>3. Supervision and teaching:</b> Supervise and teach professional colleagues	<b>Level 2</b> be able to act with direct supervision	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>4. Quality improvement:</b> Identify and address failures in health care delivery	<b>Level 1</b> be able to be present and observe	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>5. Clinical assessment and management of function:</b> Clinically assess and manage the ongoing care of patients	<b>Level 2</b> be able to act with direct supervision	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>6. Handover of care:</b> Manage the handover of patient care between health care professionals, providers, and contexts	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>7. Longitudinal care:</b> Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues	<b>Level 1</b> be able to be present and observe	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision
	<b>8. Communication with patients:</b> Discuss diagnoses and management plans with patients	<b>Level 2</b> be able to act with direct supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 3</b> be able to act with indirect supervision	<b>Level 4</b> be able to act with supervision at a distance	<b>Level 5</b> be able to provide supervision

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

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



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

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

# Learning, teaching, and assessment requirements

## Overview

### Requirements in 2024

What do I need to do?	When do I need to do it?
<b>Registration</b>	
1 <a href="#">entry form</a>	At least 3 months before commencing training.
1 <a href="#">registration form</a>	At the start of the phase.
<b>Teaching</b>	
Nominate 2 <a href="#">education supervisors</a>	At the start of each accredited or approved training rotation.
<b>Assessment</b>	
1 <a href="#">learning plan</a>	At the start of the phase.
2 <a href="#">professional qualities reflections</a>	Minimum 1 every 6 months.
4 <a href="#">in-training long case assessments (1 directly observed)</a>	Minimum 1 every 3 months.
2 <a href="#">supervisor's reports</a>	Minimum 1 every 6 months.

### Requirements over the course of training

What do I need to do?	When do I need to do it?
<b>Learning</b>	
Minimum 48 months full time equivalent (FTE) <a href="#">professional experience</a>	Minimum 12 months FTE during each phase.
<a href="#">RACP Induction to Advanced Training resource*</a>	Available in 2025.
<a href="#">RACP Supervisor Professional Development Program</a>	Before the end of Advanced Training.
<a href="#">RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource</a>	Before the end of Advanced Training. Recommended completion before the specialty consolidation phase.
<a href="#">RACP Health Policy, Systems and Advocacy resource</a>	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
<a href="#">RACP Communication Skills resource</a>	Before the end of Advanced Training.
<a href="#">RACP Ethics resource</a>	Before the end of Advanced Training.
<a href="#">RACP Introduction to Leadership, Management and Teamwork resource</a>	Before the end of Advanced Training.
<a href="#">RACP Clinical neuropsychology resource*</a>	Before the end of Advanced Training.
<a href="#">Functional Independence Measure Training course</a>	Before the end of Advanced Training.

<u>Recommended resources</u>	Recommended completion over the course of Advanced Training.
<b>Assessment</b>	
1 <u>AFRM module 2 clinical assessment</u> (renamed entry phase examination from 2025)	During the specialty entry phase.
1 <u>AFRM fellowship written examination</u>	During the specialty consolidation phase or the transition to fellowship phase.
1 <u>AFRM fellowship clinical examination</u>	During the specialty consolidation phase or the transition to fellowship phase.
2 <u>case reports</u>	Before the end of Advanced Training.
1 <u>research project</u>	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.
1 <u>experiential logbook</u>	Optional.
*Resource to be developed.	

## Registration

How to register	Deadlines
<p>New trainees must first submit an <a href="#">Application for Entry form</a> (PDF) to <a href="mailto:rehab@racp.edu.au">rehab@racp.edu.au</a>.</p> <p>Entry applications are assessed by the Faculty Training Committee (FTC) in Rehabilitation Medicine. Trainees will receive notification of their entry decision within 8 weeks.</p> <p>Once trainees' entry into the program is approved, they're required to apply for <a href="#">prospective approval of training</a> (DOC). Submit the application form to <a href="mailto:rehab@racp.edu.au">rehab@racp.edu.au</a>.</p>	<p><b>Application for entry</b></p> <p>Due at least 3 months before commencing training (as entry decisions can take up to 8 weeks).</p> <p><b>Applications for prospective approval</b></p> <p><b>28 February</b>   first half or whole of the current year</p> <p><b>31 August</b>   second half of the current year</p>

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

## Learning

### Professional experience

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

## Courses

### RACP Induction to Advanced Training resource

<b>Requirements</b>
1 x RACP Induction to Advanced Training resource
<b>Overview</b>
More information on this resource will be available in 2024.

### RACP Supervisor Professional Development Program

<b>Requirements</b>
1 x RACP Supervisor Professional Development Program (SPDP)
<b>Deadline</b>
Trainees must complete the SPDP by the end of their Advanced Training.
<b>Overview</b>

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

The SPDP consists of 3 workshops:

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

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

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

### Requirements

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

### Certification

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

### Deadline

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

### Overview

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

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

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

### Resources

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

## RACP Health Policy, Systems and Advocacy resource

### Requirements

1 x RACP Health Policy, Systems and Advocacy resource

### Certification

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

### Deadline

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

### Overview

This resource has been designed for Advanced Trainees, as an introduction to Health Policy, Systems and Advocacy. It aims to support Advanced Trainees in meeting the health policy, systems, and advocacy professional standard and underpinning competencies outlined in their specialty curriculum, and to enable connections between Advanced Trainees' own practice and the nature and attributes of local, national, and global health systems.

### Resources

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

## RACP Communication Skills resource

### Requirements

1 x RACP Communication Skills resource

### Deadline

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

### Overview

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

### Resources

- [RACP Communication Skills resource](#)

## RACP Ethics resource

### Requirements

1 x RACP Ethics resource

### Deadline

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

### Overview

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

### Resources

- [RACP Ethics resource](#)

## RACP Introduction to Leadership, Management and Teamwork resource

### Requirements

1 x RACP Introduction to Leadership, Management and Teamwork resource

### Deadline

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

### Overview

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

### Resources

- [RACP Introduction to Leadership, Management and Teamwork resource](#)

## RACP clinical neuropsychology resource

### Requirements

1 x RACP clinical neuropsychology resource

### Overview

More information on this resource will be available in 2025.

New trainees in 2024 can complete the external training module 4 clinical neuropsychology requirement instead of this resource. For full details on module 4 and how to complete it, see the 'external training module 4 | clinical neuropsychology' section under the 'training requirements' tab of the [PREP program handbook](#).

## Functional Independence Measure™ training course

### Requirements

1 x Functional Independence Measure (FIM™) training course

### Deadline

Trainees must complete the FIM™ course before the end of Advanced Training.



## Overview

The FIM™ training course provides an important tool for rehabilitation physicians.

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

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

## Resources

- [Australasian Rehabilitation Outcomes Centre](#) | University of Wollongong

## Recommended resources

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

## Teaching

### Supervision

#### Education supervisors

Name 2 individuals for the role of education supervisor (this is recommended; 1 education supervisor is acceptable):

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

Recommended: wherever possible, trainees should maintain the same education supervisors throughout a phase of training.

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

#### Nominating eligible supervisors

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

A list of eligible supervisors can be found:

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

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

## Assessment

### Learning plan

#### Requirements

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

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

#### Overview

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

A learning plan can help trainees:

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

#### Resources

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

### Professional qualities reflection

#### Requirements

2 x professional qualities reflections (PQR) to be completed in 2024, 1 per 6-month period.

#### Deadlines

**First half of the year:** 31 August 2024.

**Second half of the year:** 28 February 2025.

Submit the PQR via the [AFRM Portal](#).

#### Overview

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

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

- What happened?

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

### Choosing an event

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

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

### Step-by-step

Trainees need to complete the following steps.

1. Go to the [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 they respond to it?
5. Detail the insights gained from the event(s) and how it will impact their medical professionalism.
6. Submit the completed PQR to their supervisor through their online training portal.
7. Arrange with their supervisor a time to discuss their PQR.
8. At the meeting/interview, discuss their PQR with their supervisor and seek feedback on their future practice.

### Qualified privilege

#### Australia

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

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

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

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

#### Aotearoa New Zealand

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

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

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

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

### **Anonymity and confidentiality**

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

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

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

## **In-training long case assessments**

### **Requirements**

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

In 2024, a minimum of 1 ITLCA must be directly observed by an assessor.

### **Deadline**

**First half of the year:** 31 August 2024.

**Second half of the year:** 28 February 2025.

### **Overview**

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

The assessment is designed to:

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

## Consultation

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

Areas of assessment include:

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

## Step-by-step

### Preparation

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

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

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

### Assessment | 90 minutes

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

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

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

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

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

The assessor can prompt for further information if required.

8. The assessor will make notes and rate the trainee's performance on the long case assessment rating form throughout the interview session.

9. Following the discussion of the case, the assessor will provide the trainee with feedback, which will cover how well they did and what areas need improvement.

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

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

### Submit record

11. Enter the completed rating form data into the [AFRM Training Portal](#).

12. Once the trainee has submitted their rating form data, the assessor will receive a copy via email.

The training supervisor (if not the assessor) can also view the completed assessment forms via the portal.

13. The trainee must take a copy of the long case assessment rating form to all their meetings with their training supervisor.

### Resources

- [Long case assessment rating form](#) (PDF)

## Supervisor's report

### Requirements

#### 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 31 August 2024
- 1 x supervisor's report for the last 6 months of the training year due by 28 February 2025

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

- 1 x supervisor's report completed for each rotation:
  - Due 31 August 2024 for rotations in the first half of the year
  - Due 28 February 2025 for rotations in the second half of the year

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

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

### Overview

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

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

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

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

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

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

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

The trainee needs to complete the following steps.

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

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

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

### **Late submission**



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

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

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

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

## Resources

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

## AFRM module 2 clinical assessment

### Overview

Trainees will be assessed on their clinical knowledge and skills in rehabilitation medicine in a hospital setting. Trainees must perform a competent clinical examination, and analyse and interpret findings to manage patient outcomes.

From 2025 onwards, module 2 will be modified to integrate components of the discontinued module 1 assessment and will be renamed the AFRM entry phase examination. More information on assessments will be provided at least one year in advance of any changes.

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

For full assessment details, see [AFRM module 2 clinical assessment](#).

## AFRM fellowship written examination

### Overview

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

- evaluating and assessing complex problems of a clinical or administrative nature
- communicating relevant information in a clear written form, within the time available

- demonstrating an awareness of the judgement of priorities and the importance of sensitive interdisciplinary planning and liaison
- adopting an orderly, logical and mature approach to current areas of debate and controversy in disability management

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

## AFRM fellowship clinical examination

### Overview

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

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

## Case report

### Requirements

2 x case reports

### Overview

More information on this requirement will be available in 2024.

## Research project

### Requirements

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

### Deadlines

- 31 March
- 15 June
- 15 September

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

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

### Overview

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

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

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

## Experiential logbook (optional)

### Overview

The [logbook](#) (DOC) is an optional tool to assist trainees in gaining broader experience in the field of general rehabilitation medicine. Broad exposure during training to case-mix and complexity is important for overall quality of training but experiences can vary from trainee to trainee.

### Resources

- [Logbook](#) (DOC)

# Resources

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

Supplementary resources for **supervisors**:

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