

Advanced Specialised Training (AST)



AST PALLIATIVE CARE

This information sheet is designed to give a short summary of requirements for the AST in Palliative Care.

Full curriculum, competencies, assessments and requirements for training posts can be found in detail in the [AST Palliative Care Handbook](#) and the ACRRM [Handbook for Fellowship Assessment](#).

These resources should be referenced prior to making an application to be an ACRRM accredited training post.

ACRRM has many supports available for both registrars and supervisors, including online learning resources, access to medical educators and mentorship.

If you have any enquiries please contact your allocated Training Program Advisor or [ACRRM Training Team in your state](#).

Training Post	<p>Training must take place in an ACRRM AST accredited post, or combination of posts, that have the caseload and teaching capacity to provide appropriate experience and training in a sufficient range of Palliative Care conditions to meet the curriculum requirements of this AST.</p> <p>To achieve the syllabus outcomes, it may be necessary for a registrar to split training across more than one post. It may also be necessary to undertake one or more short-term secondments to learn specific skills. An ideal training program may offer six months in an RACP accredited palliative medicine site, and six months in a regional or rural palliative care service under the supervision of a Rural Generalist Palliative Care Physician. Refer to the AST Palliative Care Handbook for features of suitable training posts.</p>
Supervision	<p>A Specialist Principal supervisor – a doctor holding a Fellowship of RACP, FACRRM with AST Palliative Care or equivalent (other Fellowship with relevant qualifications and experience) must be nominated, who is overall responsible for the clinical and educational supervision of the registrar.</p> <p>The Supervisor and Training Post Standards has further details on supervisor requirements. Additional supervisors may be nominated to assist with supervision and leave coverage.</p>
Trainee Eligibility	PGY3+ with satisfactory completion of 12 months of ACRRM Core Generalist Training (CGT).
Suggested Prerequisites	<p>Ideally this AST should be undertaken in the third or fourth year of ACRRM Fellowship training or at least fifth post graduate year.</p> <p>Completion of some rural training time will provide the doctor with the opportunity to gain the core palliative care knowledge and skills and background experience with which to contextualise their advanced palliative care training.</p>
Training Time	Minimum 12 months full time (FTE) or equivalent part time training at no less than 0.5FTE.
Education	<p>Average minimum of four hours of protected teaching time per week should be spent engaged in educational activities related to the AST – see ACRRM Supervisor Guide.</p> <p>A record of education must be kept by the registrar and discussed with the Supervisor and ACRRM Medical Educator regularly throughout training.</p> <p>Registrars are required to participate in the education program provided by the training post.</p>
Required Courses	ACRRM online courses relevant to AST Palliative Care, eg Palliative Care – A doctor's bag and Palliative Care – choose your own journey. See AST Palliative Care Handbook
Encouraged Courses	Registrars are encouraged to complete the RACP Clinical Foundation in Palliative Medicine
AST Required Competencies	Advanced Specialised Training Palliative Care Medicine competencies as well as Knowledge, Skills and Attributes, are outlined in the AST Palliative Care Handbook and Rural Generalist Curriculum
Onsite Assessments Refer to ACRRM Fellowship Assessment Handbook	<p>Registrars must submit to ACRRM the following:</p> <ul style="list-style-type: none"> • Four Supervisor reports Plan and Progress Report Advanced Specialised Training should be completed by the registrar and supervisor every three months. • Five Mini-Clinical Evaluation Exercises (Mini-CEXs) spread across the year conducted by supervisor. See MiniCEX Formative Scoring Form. The MiniCEX consults should be undertaken progressively during training and include a range of types of consults, age groups and mix of genders. • Five Case Based Discussions (CBD) are encouraged. See CBD forms for templates.
External Assessments	<p>Registrars must gain a pass in the Palliative Care Case Based Discussion (CBD) assessment conducted by an ACRRM assessor.</p> <p>Six of twelve submitted cases are assessed. Four cases are to be submitted at CBD enrolment, then a minimum of 4 cases at a time to a total of 12 within 12 months of first submission. Actual patient examples managed by the registrar are to be used. At least 4 of the following areas are to be covered: malignancy, neurodegenerative disease, organ failure, frailty, dementia. Only one case may cover more than one of the areas listed. See ACRRM Fellowship Assessment Handbook for further information of assessment criteria.</p>