NEW CURRICULA

Learning, teaching, and assessment programs

Advanced Training in Cardiology (Adult Medicine)

RACP
Specialists. Together

About this document

The new Advanced Training in Cardiology (Adult Medicine) curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the Advanced Training in Cardiology (Adult Medicine) LTA programs for trainees and supervisors. It should be used in conjunction with the Advanced Training in Cardiology (Adult Medicine) curriculum standards.

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Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as 19 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE	1. Professional behaviours
DO	2. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Clinical assessment and management 6. Management of transitions in care 7. Acute care 8. Communication with patients 9. Procedures 10. Clinic management 11. Manage patients with untreatable life-limiting cardiac conditions
KNOW	12. Scientific foundations of cardiology 13. Management of the acutely unwell (shocked) cardiac patient 14. Coronary artery disease 15. Conditions affecting the circulation 16. Structural heart disease, including valvular and congenital heart disease 17. Rhythm disorders 18. Heart failure 19. Interactions with other specialties and systems

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 three phases. These phases establish clear checkpoints for trainee progression and completion.



Entry criteria

Prospective trainees must have:

- completed RACP Basic Training, including the Written and Clinical Examinations
- 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.
- a clinical training position accredited for core Advanced Training in RACP Cardiology.

LTA PROGRAMS

The LTA programs outline the strategies and methods to learn, teach, and assess the curriculum standards.

Entry

1 training application

Learning

Minimum 36 months FTE professional experience

1 rotation plan per rotation

1 procedural logbook

RACP Advanced Training Orientation resource

RACP Supervisor Professional Development Program

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

RACP Health Policy, Systems and Advocacy resource

Recommended resources

Teaching

2 supervisors per rotation

1 research project supervisor

Assessment

12 learning captures per phase

4 observation captures per phase

2 progress reports per phase

1 cardiothoracic surgery progress report

1 research project

About the program

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

A cardiologist has expertise in the prevention, detection, diagnosis and management of cardiovascular and circulatory diseases and disorders.

Cardiologists work to discover better ways of understanding, diagnosing, treating, and preventing the onset of cardiovascular disease, and ensure life-saving advances in research and technology are translated into clinical care.

Cardiology is a dynamic field of internal medicine. Cardiologists:

- **provide patient-centred clinical care across a variety of settings,** from delivering emergency treatment in acute care situations to improving and maintaining patients' quality of life following cardiac diagnoses and events, and managing the long-term care of patients with congenital and life-limiting cardiac conditions
- **perform procedures and investigations,** applying the latest evidence-based technologies to diagnose and treat cardiac conditions
- **have the opportunity to explore a range of subspecialty domains**, including:
  - » general cardiology
  - » interventional and structural cardiology
  - » valvular heart disease
  - » adult congenital heart disease
  - » inherited cardiac conditions
  - » advanced heart failure and cardiac transplantation
  - » cardiac imaging
  - » electrophysiology and device management.

Cardiovascular disease is a leading cause of death globally. As such, cardiologists play a key role in managing and educating patients and communities and advocating for disease prevention by:

- **working as an integral member of multidisciplinary teams.** Cardiologists work collaboratively with other health professionals to make balanced and objective

clinical decisions, and ensure each patient receives the best available treatment and management

- **educating and advocating for patients and communities.** Cardiologists empower their patients to understand cardiovascular disease, risk, and prevention, and advocate for the equitable distribution of resources to address prevailing health inequities and help ensure optimal health outcomes for all patients
- **applying a scholarly approach.** Cardiologists conduct and apply academic research to make evidence-based decisions that improve the treatment and management of their patients.
- **being committed to teaching and learning.** Cardiologists are committed to maintaining lifelong excellence in practice through continuous professional development and fostering the learning of others through mentoring, supervising, and teaching.

Supervising committee

The program is supervised by the Training Program Committee in Cardiology and the Aotearoa New Zealand Training Program Subcommittee in Cardiology.

Qualification

Trainees who successfully meet the completion standards and criteria of this program will be awarded Fellowship of the Royal Australasian College of Physicians (FRACP).

Learning goals and progression criteria

Learning, teaching, and assessment 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 three phases. These phases will establish clear checkpoints for trainee progression and completion.

1	**Specialty foundation**	• Orient trainees and confirm their readiness to progress in the Advanced Training program.
2	**Specialty consolidation**	• Continue trainees' professional development in the specialty and support progress towards the learning goals.
3	**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

Entry attributes	Prospective trainees can demonstrate:
	• a commitment and capability to pursue a career as a cardiologist.
	• the ability and willingness to achieve the common learning goals for Advanced Training:
	  • team leadership
	  • supervision and teaching
	  • the professional behaviours, as outlined in the Competencies

Entry criteria	Prospective trainees must have: • completed RACP Basic Training, including the Written and Clinical Examinations • 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. • a clinical training position accredited for core Advanced Training in RACP Cardiology.

Progression criteria

To progress to the next phase or to complete the program, trainees must demonstrate:

- the ability to plan and manage their learning and to complete their learning and assessment requirements in a timely manner
- achievement of the learning goals to the levels outlined in the learning goal progression criteria.

Training committees or delegated progress review panels will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.

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 **19** learning goals.

The learning goals articulate what trainees need to be, do, and know, and are assessed throughout training on a five-point scale. This scale determines the expected standard for each learning goal at the end of each training phase. Trainees must meet these standards to progress to the next phase or complete the program.

Learning and assessment tools are linked to the learning goals which allows trainees to demonstrate competence across each learning goal.

Levels	1	2	3	4	5
Be: Competencies (professional behaviours)	Needs to work on behaviour in **more than five domains** of professional practice	Needs to work on behaviour in **four or five domains** of professional practice	Needs to work on behaviour in **two or three domains** of professional practice	Needs to work on behaviour in **one domain** of professional practice	**Consistently** behaves in line with all ten domains of professional practice
Do: Entrustable Professional Activities (EPAs)	Is able to **be present and observe**	Is able to **act with direct supervision**	Is able to **act with indirect supervision** (i.e., ready access to a supervisor)	Is able to **act with supervision at a distance** (i.e., limited access to a supervisor)	Is able to supervise others
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide	**Knows the topics and concepts** in this knowledge guide	**Knows how to apply** this knowledge to practice	**Frequently shows they apply** this knowledge to practice	**Consistently** demonstrates application of this knowledge to practice

		Progression criteria		Completion criteria
	Learning goals	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to fellowship *By the end of training, trainees will:*
Be	**1. Professional behaviours**	**Level 5** **consistently** behave in line with all ten domains of professional practice	**Level 5** **consistently** behave in line with all ten domains of professional practice	**Level 5** **consistently** behave in line with all ten domains of professional practice
Do	**2. Team leadership:** Lead a team of health professionals	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	3. Supervision and teaching: Supervise and teach professional colleagues	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	4. Quality improvement: Identify and address failures in health care delivery	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	7. **Acute care:** Manage the early care of acutely unwell patients	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	8. Communication with patients: Discuss diagnoses and management plans with patients	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	9. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures and investigations	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance
	10. Clinic management: Manage an outpatient clinic	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 5** be able to supervise others
	11. Manage patients with untreatable life-limiting cardiac conditions: Manage the care of patients with untreatable, life-limiting cardiac conditions	**Level 2** be able to act with direct supervision	**Level 3** be able to act with indirect supervision	**Level 5** be able to supervise others
Know	**12. Scientific foundations of cardiology**	**Level 3** knows how to apply this knowledge to practice	**Level 4** frequently shows they apply this knowledge to practice	**Level 5** consistently demonstrates application of this knowledge to practice

		Progression criteria		Completion criteria
	Learning goals	Specialty foundation *By the end of this phase, trainees will:*	Specialty consolidation *By the end of this phase, trainees will:*	Transition to fellowship *By the end of training, trainees will:*
	13. Management of the acutely unwell (shocked) cardiac patient	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	14. Coronary artery disease	**Level 3** know how to apply this knowledge to practice	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	15. Conditions affecting the circulation	**Level 3** know how to apply this knowledge to practice	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	16. Structural heart disease, including valvular and congenital heart disease	**Level 2** know the topics and concepts in this knowledge guide	**Level 3** know how to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	**Level 4** frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*
	17. Rhythm disorders	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	18. Heart failure	**Level 3** know how to apply this knowledge to practice	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice
	19. Interactions with other specialties and systems	**Level 2** know the topics and concepts in this knowledge guide	**Level 4** frequently show they apply this knowledge to practice	**Level 5** consistently demonstrate application of this knowledge to practice

Learning, teaching, and assessment requirements

Overview

Requirements over the course of training

What do trainees need to do?	When do trainees need to do it?
Entry	
1 training application	At the start of the specialty foundation phase. Due 28 February if starting at the beginning of the year and 31 August if starting mid-year.
Learning	
Minimum 36 months full time equivalent (FTE) professional experience	Minimum 12 months FTE during each phase.
1 procedural logbook	Over the course of Advanced Training.
RACP Advanced Training Orientation resource	During the first 6 months of the specialty foundation phase.
RACP Supervisor Professional Development Program	Before the end of Advanced Training.
RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource	Before the end of Advanced Training, if not completed during Basic Training. Recommended completion before the specialty consolidation phase.
RACP Health Policy, Systems and Advocacy resource	Before the end of Advanced Training. Recommended completion before the transition to fellowship phase.
Recommended resources	Recommended completion over the course of Advanced Training.
Teaching	
Nominate 1 research project supervisor	Recommended to be nominated before the specialty consolidation phase.
Assessment	
1 cardiothoracic surgery progress report	Before the end of Advanced Training.
1 research project	Before the end of Advanced Training. Recommended submission before the transition to fellowship phase.

Requirements per phase

What do trainees need to do?	When do trainees need to do it?
Learning	
1 rotation plan per rotation	At the start of (or prior to starting) the rotation. Due 28 February for rotations in the first half or whole of the year and 31 August for rotations in the second half of the year.
Teaching	
Nominate 2 supervisors per rotation	At the start of each accredited or approved training rotation.
Assessment	
12 learning captures	Minimum 1 per month.
4 observation captures	Minimum 1 every 3 months.
2 progress reports	Minimum 1 every 6 months, or 1 every 3 months if the trainee changes rotations or is on a Training Support pathway.

Entry

Training application

Requirement
1 x training application, at the start of the specialty foundation phase.
Purpose
The training application supports trainees to: • confirm that they meet the program entry criteria • provide essential details for program enrolment, ensuring compliance with RACP standards • establishes a formal foundation for their training pathway, enabling access to program resources and support The application form will be reviewed by the RACP staff. Trainees will be able to track the status of your application through the College's new Training Management Platform (TMP). Trainees can submit rotation plans and complete assessments while waiting for their application to be approved.
How to apply
Trainees are to submit a training application for the program using TMP. **Due dates** **28 February** if starting at the beginning of the year. **31 August** if starting mid-year.

Learning

Professional experience

These requirements can be completed in any sequence over the course of training.

Professional experience
• Complete at least 36 months of relevant professional experience in accredited core clinical training positions.
Location of training
• Complete training in at least 2 different accredited training settings. • Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.
Experiential training
• **Cardiothoracic surgical (CTS) training** 2 quarantined full weeks' attachment to a cardiothoracic surgical unit at a minimum. CTS training can be completed through a 1-week attachment across 2 years of training. Variations can be made to suit staffing requirements of individual cardiology and surgical units. Trainees based in Aotearoa New Zealand can complete the requirement during their CTS rotation. • **Electrophysiology (EP) training** EP training can be achieved by a single dedicated attachment to an EP unit for at least 3 weeks or through a series of attachments, such as one session or day, over a training period. • **Experience in rural/remote contexts (recommended)** 2 full days' rural/remote and/or Indigenous health outreach clinics per year of training (6 full days or equivalent) over the course of Advanced Training, ideally face-to-face, but telehealth accepted where face-to-face is unavailable.

Rotation plan

Requirement
1 x rotation plan per rotation.
Description
The rotation plan is a work-based tool to document details of a training rotation and how a trainee intends to cover their program learning goals over the rotation period.
Purpose
The rotation plan helps trainees evaluate their learning gaps, curriculum needs, and local opportunities to meet expected standards. It is validated by College staff to ensure it aligns with the professional experience requirements for the program.

How to complete it

Trainees can submit a rotation plan in TMP under the training plan tab.

Trainees undertaking their first rotation of their training program must select the following checkbox, 'The rotation start date is also the start date of my Training Program' to record the start date for their training program.

If a trainee is expecting a learning goal to be covered during a rotation, select 'yes' for 'coverage offered' and outline the learning opportunities available. See this completed rotation plan for examples of the learning opportunities that may be available for each learning goal.

This information will be used by supervisors and overseeing RACP training committee to determine the relevance of the rotation to the program's professional experience requirements.

Trainees should upload a copy of the position description and any other supporting information that outlines the training position being undertaken. This should include regular/weekly activities that the trainee will be undertaking during the rotation (e.g. timetable).

Trainees can also set custom goals to define personal objectives that they want to achieve during the rotation. These goals should be measurable and align with the trainee's professional objectives, skill gaps, or personal interests.

Trainees need to nominate their rotation supervisors in the plan, and they will need to approve the plan in TMP via 'my assigned actions'.

For more information on how to complete a rotation plan review the training resources.

Due dates

28 February for rotations in the first half or whole of the year.

31 August for rotations in the second half of the year.

Procedural logbook

Requirement

1 x procedural logbook, completed over the course of Advanced Training.

Minimum procedural requirements must be met by the end of Advanced Training.

Description

Trainees are to maintain a logbook, using the prescribed logbook template, that demonstrates completion of the minimum procedural requirements.

Purpose

The logbook is a learning tool that helps trainees capture data about and reflect on specific workplace experiences. Keeping a logbook ensures that trainees have adequate exposure to a range of clinical procedures and techniques in preparation for physician practice.

How to complete it

Trainees are to log all procedures completed over the course of training, using the prescribed logbook template.

The minimum procedural requirements are outlined below and in the logbook template. All completed procedures must be logged even after the minimum number has been reached.

A copy of the procedure logbook to date should be submitted in TMP at the end of each phase of training for review, with the completed procedure logbook submitted before the end of training.

For more information on how to submit a logbook review the training resources.

Procedures

Cath lab Procedure	What is required?	Minimum
Coronary angiograms		
a) Coronary angiograms (primary operator)	Perform and report	75
b) Coronary angiograms (non-primary operator)	Perform and report	No minimum
Total (a+b)		**150**
Right heart catheterisation and haemodynamic studies	Perform and report	15
Temporary transvenous pacemaker insertion (this may include EP studies or wire insertion in EP studies)	Perform	10
Permanent pacemaker (PPM) implantation (can be primary or secondary operator)	Perform and report	10
Device testing in pacemaker clinic (or remote device testing)		
a) Dual chamber	Perform	50
b) Other devices including single chamber, ICD, CRT	Perform	No minimum
Total (a+b)		**75**
Observe the insertion and/or participate in the management of percutaneous mechanical support device (includes IABP, Impella, ECMO)	Observe/participate	3
Observe the insertion and/or participate in the management of transcatheter aortic valve implantation (TAVI)	Observe/participate	5
Observe the insertion and/or participate in the management of interventional structural cases of your choice (e.g., PFO closure, ASD closure, mitral intravention, LA appendage closure)	Observe/participate	5
Pericardial effusion management		
a) Pericardiocentesis (pericardial aspiration)	Observe/participate	5
b) Management of pericardial effusion (post-aspiration)	Observe/participate	No minimum
Total (a+b)		**10**

Non-invasive Procedure	What is required?	Minimum
Echocardiography		
Transthoracic echocardiograms (TTEs) performed and reported		
a) Comprehensive TTEs performed and reported **under supervision of sonographer**	Perform and report	100
b) TTEs performed and **subsequently reviewed/reported with a cardiologist**	Perform and report	100
c) Other TTEs performed (e.g. including point of care echocardiograms in the ward)	Perform and report	No minimum
Total (a+b+c)		300
d) TTEs reported (not performed) under supervision (excluding above)	Report (not perform)	225
e) Transoesophageal echocardiograms (TOEs) under supervision	Perform and report	50
f) Supervision and reporting of stress echocardiograms	Perform and report	25
Total echocardiograms (total of a-f)		**600**
Exercise electrocardiograms (ECG)	Participate in	50
Direct current cardioversion	Perform	10
Holter monitor under supervision	Report	50

Electrophysiology (EP) Procedure	What is required?	Minimum
Electrophysiology studies (EPS)		
a) EPS	Participate in	10
b) Catheter ablation study	Participate in	5
Total (a+b)		**15**
Cardiac resynchronisation therapy (CRT) and implantable cardioverter defibrillator (ICD)		
a) Involvement in the referral for CRT and/or ICD devices	Participate in	10
b) Involvement in the insertion and post procedural care of CRT	Participate in	5
c) Involvement in the insertion and post procedural care of ICD	Participate in	5
Total (a+b+c)		**20**

Ambulatory care (Manage patients in an ambulatory care (outpatient) setting under supervision) Procedure	What is required?	Minimum
a) New outpatients (in-person)	Perform	150
b) Outpatients by video/telehealth consultation (new or review)	Perform	30
c) Review outpatients (in-person)	Perform	No minimum
Total outpatients reviewed (a+b+c)		**400**

Cardiac imaging Procedure	What is required?	Minimum
Cardiac MRI studies (reporting and/or scanning)	Participate in	5
Cardiac CT		
a) CT coronary angiogram (reporting and/or scanning)	Participate in	20
b) CTs performed for evaluation of potential TAVI procedures (reporting and/or scanning)	Participate in	No minimum
Total (a+b)		**25**
Nuclear cardiological investigations (can include stress MIBI scan, PET scan, cardiac blood pool scan) (reporting and/or scanning)	Participate in	5

Courses

RACP Advanced Training Orientation resource

Requirement

1 x RACP Advanced Training Orientation resource, completed during the first 6 months of the specialty foundation phase.

Description

This resource is designed to orient trainees to Advanced Training. It covers areas such as transition to Advanced Training, training and assessment, and trainee support. It's a 'one-stop shop' that trainees can return to if they ever want to find a useful resource, or need a refresher on the supporting resources, policies, and systems available to them.

Estimated completion time: 1-1.5 hours.

Purpose

The resource is intended to support trainees to successfully navigate their transition to Advanced Training and prepare for unsupervised practice as a specialist physician.

How to complete it

Trainees can complete the Advanced Training Orientation resource on RACP Online Learning.

Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Supervisor Professional Development Program

Requirement
1 x RACP Supervisor Professional Development Program (SPDP), consisting of 3 workshops, completed by the end of Advanced Training.
Description
The SPDP consists of 3 workshops: • Practical skills for supervisors • Teaching and learning in healthcare • Work-based learning and assessment See Supervisor Professional Development Program for more information on the program.
Purpose
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.
How to complete it
Register for a supervisor workshop. Trainees can complete the SPDP in three ways: • Virtual workshops • Face-to-face workshops • Online courses. Workshops are free and presented by volunteer Fellows trained in SPDP facilitation.

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

Requirement
1 x Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, if not completed during Basic Training. Trainees must complete the resource by the end of their Advanced Training however it's recommended they complete it before the specialty consolidation phase.
Description
The Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource 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. Estimated completion time: 2 hours.

Purpose
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
How to complete it
Trainees can complete the Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

RACP Health Policy, Systems and Advocacy resource

Requirement
1 x RACP Health Policy, Systems and Advocacy resource, completed by the end of Advanced Training.
Description
This resource has been designed for Advanced Trainees, as an introduction to health policy, systems, and advocacy. Estimated completion time: 5 hours.
Purpose
The resource 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.
How to complete it
Trainees can complete the RACP Health Policy, Systems and Advocacy resource on RACP Online Learning. Trainees will receive a certificate of completion on RACP Online Learning when they complete the resource. Completion of this requirement will automatically update in TMP.

Recommended resources

- Cardiac Society of Australia and New Zealand upcoming events
- RACP Communication Skills resource
- RACP Ethics resource
- RACP Introduction to Leadership, Management and Teamwork resource
- RACP Research Projects resource
- RACP eLearning resources
- RACP curated collections

Teaching

Supervision

Rotation supervisors

Trainees are to have 2 x supervisors per rotation, who are Fellows of the RACP.

No exemptions apply to dual trainees.

Nominating eligible supervisors

Trainees will be asked to nominate rotation supervisors as part of their rotation plan. Trainees are required to nominate eligible supervisors who meet the above requirements.

A list of eligible supervisors can be found on MyRACP. The list is not available for post-Fellowship trainees. Post-Fellowship trainees can contact us to confirm supervisor eligibility.

Research project supervisor

Trainees are to nominate 1 x research project supervisor over the course of Advanced Training. Recommended to be nominated before the specialty consolidation phase.

The research project supervisor guides trainees with their project choice, method, data analysis and interpretation, and quality of written and oral presentation.

More information about this role can be found in the Advanced Training research project guidelines.

Assessment

Assessment blueprint

This high-level assessment program blueprint outlines which of the learning goals (and associated curricula standards) *could be* and *will be* covered by the assessment tools.

	Assessment tools				
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Cardiothoracic surgery progress report**	**Research project**
1. Professional behaviours	Could assess	Could assess	Will assess	x	Will assess
2. Team leadership	Could assess	Could assess	Will assess	x	x
3. Supervision and teaching	Could assess	Could assess	Will assess	x	x
4. Quality improvement	Could assess	Could assess	Will assess	x	Could assess
5. Clinical assessment and management	Could assess	Could assess	Will assess	x	x
6. Management of transitions in care	Could assess	Could assess	Will assess	x	x
7. Acute care	Could assess	Could assess	Will assess	x	x
8. Communication with patients	Could assess	Could assess	Will assess	x	x
9. Procedures	Could assess	Could assess	Will assess	Will assess	x
10. Clinic management	Could assess	Could assess	Will assess	x	x

	Assessment tools				
Learning goals	**Learning capture**	**Observation capture**	**Progress report**	**Cardiothoracic surgery progress report**	**Research project**
11. Manage patients with untreatable life-limiting cardiac conditions	Could assess	Could assess	Will assess	x	x
12. Scientific foundations of cardiology	Could assess	Could assess	Will assess	x	x
13. Management of the acutely unwell (shocked) cardiac patient	Could assess	Could assess	Will assess	x	x
14. Coronary artery disease	Could assess	Could assess	Will assess	x	x
15. Conditions affecting the circulation	Could assess	Could assess	Will assess	x	x
16. Structural heart disease, including valvular and congenital heart disease	Could assess	Could assess	Will assess	x	x
17. Rhythm disorders	Could assess	Could assess	Will assess	x	x
18. Heart failure	Could assess	Could assess	Will assess	x	x
19. Interactions with other specialties and systems	Could assess	Could assess	Will assess	x	x

Learning capture

Requirement
12 x learning captures per phase of training, minimum 1 per month. *Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).*
Description
The learning capture is a work-based assessment that involves a trainee capturing, and reflecting on, professional development activities, including evidence of work-based learning linked to specific learning goals.
Purpose
The learning capture assists trainees to reflect on experiences, promotes critical thinking, and connects these to a trainee's learning goals and professional development. It is also a valuable mechanism for trainees to enhance their understanding of complex topics and less common experiences that may be difficult to encounter in traditional training.
How to complete it
The learning capture is completed via TMP under the assessment requirements tab. For more information on how to complete a learning capture review the training resources.

Observation capture

Requirement
4 x observation captures per phase of training, minimum 1 every 3 months. *Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).*
Description
An observation capture is a work-based assessment which provides a structured process for trainees to demonstrate their knowledge and skills in real-time workplace situations, while assessors observe and evaluate performance.
Purpose
The purpose of the observation capture is to assess skill development, track progress, and provide targeted feedback for improvement for trainees against specific learning goals.
How to complete it
Observation captures are completed via TMP under the assessment requirements tab. For more information on how to complete an observation capture review the training resources.

Progress report

Requirement
2 x progress reports per phase of training, minimum 1 every 6 months, or 1 every 3 months if the trainee changes rotations or is on a Training Support pathway. *Refer to RACP Flexible Training Policy for further information on part-time training (item 4.2).*
Description
A progress report is an assessment that documents trainees' and supervisors' assessment of trainee progress against the training program learning goals over a period of training.
Purpose
Progress reports assess knowledge and skill development, track progress against the phase criteria, and provide targeted feedback for improvement.
How to complete it
Progress reports are completed via TMP under the assessment requirements tab. Trainees must: • self-assess against the program's learning goals • record any leave taken during the covered training period • provide summary comments about the rotation For more information on how to complete a progress report review the training resources.

Cardiothoracic surgery progress report

Requirement
1 x cardiothoracic surgery (CTS) progress report, completed by the end of Advanced Training.
Description
The CTS progress report documents trainees' CTS training. Trainees must complete 2 x quarantined full weeks' attachment to a cardiothoracic surgical unit at a minimum. CTS training can be completed through a 1-week attachment across 2 years of training. Variations can be made to suit staffing requirements of individual cardiology and surgical units. Trainees based in Aotearoa New Zealand can complete the requirement during their CTS rotation. Trainees are expected to complete and record evidence of the minimum requirements in: • coronary artery bypass grafting • valve surgery • ICU/CICU ward rounds • unit meetings • brief case presentations One rotation supervisor and a surgical supervisor are to provide formal feedback on the trainee's performance.

Coronary artery bypass grafting

Requirement: 3 cases minimum.

- Assess patients and their imaging studies pre-operatively.
- Explain the indications for surgery.
- Be present during surgery.
- Participate in the immediate post-operative management.
- Where off-pump operations are performed, an off-pump case should be included in the recorded cases.

Valve surgery

Requirement: 2 cases minimum.

- Assess the patient and the pre-operative imaging studies.
- Explain the indications for surgery.
- Be present during surgery.
- Participate in the immediate post-operative management.

Trainees must include 1 mitral valve operation and 1 aortic valve operation as the surgical approach to these is quite distinct.

ICU/CICU ward rounds

Requirement: Daily.

- Participate in the daily ward rounds for the duration of the attachment.
- Trainees are expected to achieve an understanding of the management issues surrounding post-operative surgical care, including the management of ventilated patients and of hemodynamic issues, arrhythmias and post-operative emergencies.

Unit meetings

Requirement: As required.

Attend and participate in multidisciplinary meetings within the surgical unit, including unit meetings and combined meetings with cardiology and radiology when these occur.

Brief case presentations

Requirement: 2 cases (1 per week), 10 minutes each case.

Present cases to a cardiothoracic unit meeting where both the acute and long-term management issues of the patient are discussed with supervising surgeons.

Purpose

CTS training allows trainees to gain an awareness of the nature of cardiothoracic surgery, the management of patients before, during and after surgery and to gain an appreciation of the nature of the collaboration between cardiologists and cardiac surgeons involved in assessing and managing their patients.

How to complete it

Trainees are to document their CTS training in the CTS progress report.

One rotation supervisor and a surgical supervisor are to provide formal feedback to the trainee and complete their section of the report.

Trainees are to document their CTS training in the CTS progress report which should be submitted before the end of training. The CTS progress report is upload to TMP under the assessment requirements tab.

Research project

Requirement

1 x research project over the course of Advanced Training.

Description

The research project should be one with which the trainee has had significant involvement in designing, conducting the research and analysing data. Trainees may work as part of a larger research project but must have significant input into a particular aspect of the study.

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

Three research project types are accepted:

- research in:
  - human subjects, populations and communities and laboratory research
  - epidemiology
  - education
  - leadership
  - medical humanities
  - areas of study which can be applied to care of patients or populations
- audit
- systematic review

The trainee must have a research project supervisor who may or may not be one of their rotation supervisors.

The research project is marked by the training committee as pass, fail or resubmit, and trainees receive qualitative feedback about their project. The research project should be submitted for marking by the end of the specialty consolidation phase to allow time for resubmission in the transition to Fellowship phase if the project is unsatisfactory.

Purpose

The research project enabled trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides evidence of the skills of considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

How to complete it

Detailed information on how to complete the research project can be found in the Advanced Training research project guidelines and can be submitted via TMP under the assessment requirements tab.

For more information on how to submit an Advanced Training Research Project review the training resources.

There are 3 deadlines that must be followed when submitting an Advanced Training Research Project. Trainees can choose to submit their Research Project on any of these 3 dates during the year.

Deadlines: 31 March, 15 June, or 15 September.

Roles and responsibilities

Advanced Trainee

Role
A member who is registered with the RACP to undertake one or more Advanced Training programs.
Responsibilities

• Maintain employment in accredited training settings.
• Act as a self-directed learner:
  ○ be aware of the educational requirements outlined in the relevant curricula and education policies
  ○ actively seek and reflect on feedback from assessors, supervisors, and other colleagues
  ○ plan, reflect on, and manage their learning and progression against the curricula standards
  ○ adhere to the deadlines for requirements of the training program.
• Actively participate in training setting / network accreditation undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Rotation supervisor

Role
A consultant who provides direct oversight of an Advanced Trainee during a training rotation.
Responsibilities

• Be aware of the educational requirements outlined in the relevant curricula and education policies.
• Oversee and support the progression of Advanced Trainees within the setting:
  ○ Assist trainees to plan their learning during the rotation.
  ○ Support colleagues to complete observation captures with trainees.
  ○ Provide feedback to trainees through progress reports.
• Actively participate in rotation accreditation undertaken by the RACP.
• Complete the annual Physician Training Survey to assist the RACP and training settings with ongoing quality improvement of the program.

Assessor

Role

A person who provides feedback to trainees via the Observation Capture or Learning Capture tool. This may include consultants and other medical professionals, allied health professionals, nursing staff, patients and their families, administrative staff, and consumer representatives.

Responsibilities

- Be aware of the learning goals of the training program.
- Provide feedback to support the progression of Advanced Trainees within the setting:
  - Complete Observation Captures.
  - Provide feedback on Learning Captures as required.

Progress Review Panel

Role

A Progress Review Panel is a group convened to meet and make evidence-based decisions on trainees' progression through training.

Progress Review Panels ensure the integrity and transparency of progression and completion decisions related to Basic and Advanced Trainees.

Panels are considered experts in the training program, including the curriculum standards, requirements, and administration of the program.

Responsibilities

1. **Make decisions on progression** for all trainees in a training program. The panel will assess if trainees have met or are on track to meet the expected standard for their phase of training, including the completion of learning, teaching and assessment requirements.

2. **Manage trainee conditions to enable trainees to progress** by reviewing trainee performance. Where required, panels will set conditions for trainees to meet, with the goal of helping trainees achieve the program learning goals and progression or completion criteria.

Types of Progress Review Panels

There are two types of RACP Progress Review Panels:

- Primary panel: A primary Progress Review Panel is an RACP committee supported by an RACP staff member. Primary panels are existing Training Program Committees/Subcommittees and will have Progress Review Panel functions included as part of their operations and delegations.
- Secondary panel: These are local panels typically set up within a specific training setting, network, or geographic area. These panels will make progression decisions on behalf of the Training Program Committee and manage conditions placed on trainees.

Trainees will be able to review the panels they are assigned to in the TMP.

Trainee progress decisions, conditions and feedback

- Panels will monitor and review trainee progress and make a phase progression decision.

- Panels may add training conditions that trainees need to meet to progress in training or during their next phase of training.
- Trainees will be able to view progression decisions, conditions and panel feedback on the trainee progress tab in TMP.

RACP oversight committees

Role
RACP-administered committees with oversight of the Advanced Training Program in Australia and New Zealand. This includes the relevant training committee and/or Aotearoa New Zealand training subcommittee.

Responsibilities

- Oversee implementation of the Advanced Training program in Australia and Aotearoa New Zealand:
    - Manage and review program requirements, accreditation requirements, and supervision requirements.
    - Monitor implementation of training program requirements.
    - Implement RACP education policy.
    - Oversee trainees' progression through the training program.
    - Monitor the accreditation of training settings.
    - Case manage trainees on the Training Support pathway.
    - Review progression and certification decisions on application in accordance with the RACP Reconsideration, Review, and Appeals By-Law.
- Work collaboratively with secondary Progress Review Panels, where applicable to ensure the delivery of quality training.
- Provide feedback, guidance, recommendations, and reasoning for decision making to trainees and supervisors.
- Declare conflicts of interest and excuse themselves from decision making discussions when conflicts arise.
- Report to the overseeing RACP committee as required.

Resources

See RACP Online Learning for new curricula training and support resources.

For trainees

- Education policies
- Trainee support
- Trainee responsibilities
- Accredited settings
- Training fees

For supervisors

- Supervisor Professional Development Program
- RACP Research Supervision resource
- RACP Training Support resource
- RACP Creating a Safe Workplace resource