

NEW CURRICULA

Learning, teaching, and assessment programs

Advanced Training in Rheumatology Adult Medicine Division



About this document

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

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

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Program overview

CURRICULUM STANDARDS

The [curriculum standards](#) are summarised as 21 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. Longitudinal care 9. Communication with patients 10. Prescribing 11. Procedures 12. Investigations 13. Clinic management |
| KNOW | 14. Foundations of adult rheumatology 15. Inflammatory arthritis 16. Connective tissue disease 17. Vasculitis 18. Osteoarthritis, pain syndromes, and regional musculoskeletal disorders 19. Muscle disorders 20. Conditions that overlap with other specialties 21. Autoinflammatory disease |

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.
- an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position.

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

[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](#)

[1 logbook](#)

[1 meeting attendance](#)

[Recommended resources](#)

Teaching

2 [supervisors](#) per rotation

1 [research project supervisor](#)

Assessment

12 [learning captures](#) per phase

12 [observation captures](#) per phase

4 [progress reports](#) per phase

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 rheumatologist is an internal medical physician who specialises in diagnosing, treating, and managing diseases of the joints, muscles, and bones. There are more than 100 types of rheumatic disease, including inflammatory and degenerative arthritis, fibromyalgia, gout, lupus, osteoporosis, and other connective tissue diseases.

Rheumatologists provide holistic, patient-centred clinical care, covering a broad spectrum of conditions ranging from diseases of the immune system and metabolic bone disorders to chronic musculoskeletal pain syndromes, in both inpatient and outpatient settings. The complex interplay between genetics, environmental factors, and autoimmunity also presents ample opportunity for translational medical research. In the context of an ageing population, there is recognition of an increasing need for rheumatology specialist services. Many patients with established arthritis face social and financial difficulty due to debilitating disease, leading to decreased capacity to engage with the wider community and maintain employment. This often has a profound personal impact on the patient and their families, whānau, and/or carers, and has broad implications for society and government. Arthritis has been identified as a national health priority in Australia.

Rheumatologists have expertise in:

- **diagnosis and management.** Rheumatologists are highly trained in the diagnosis, investigation, and holistic management of patients, encompassing the management of pain, reduction of inflammation, and preservation of musculoskeletal function for all forms of arthritis, autoimmune connective tissue disease, spinal and soft tissue disorders, chronic musculoskeletal pain syndromes, and certain metabolic bone disorders, including osteoporosis.
- **clinical skills.** Rheumatologists apply clinical skills and laboratory and medical imaging modalities to assess, diagnose, and manage rheumatologic diseases.

- **providing advice.** Rheumatologists advise referring and primary care physicians, address disease-specific questions, and respond to requests for procedures.
- **ongoing care of patients.** Rheumatologists provide ongoing follow-up of patients with inflammatory diseases, providing targeted treatment, determining when to escalate therapy, and assessing treatment efficacy and safety.
- **effective communication.** Rheumatic diseases are frequently chronic. Due to the longitudinal nature of care, skilful communication engendering lasting rapport with patients remains an enduring, critical facet of rheumatology practice. Rheumatologists must be able to explain complex medical concepts in a clear and understandable manner and provide emotional support to patients coping with chronic diseases.
- **interdisciplinary collaboration.** Rheumatologists often work closely with other healthcare professionals, including occupational therapists, orthopaedic surgeons, physical therapists, and primary care physicians, to provide comprehensive care to patients with rheumatic conditions.
- **research skills.** Many rheumatologists are involved in research to advance the understanding and treatment of rheumatic diseases. Strong research skills are beneficial for conducting clinical trials, publishing scientific papers, and staying up to date with the latest developments in the field.

Supervising committee

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

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 | <p>Prospective trainees can demonstrate:</p> <ul style="list-style-type: none">• a commitment and capability to pursue a career as a physician in rheumatology.• the ability and willingness to achieve the common learning goals for Advanced Training:<ul style="list-style-type: none">• team leadership• supervision and teaching• the professional behaviours, as outlined in the Competencies |
| Entry criteria | <p>Prospective trainees must have:</p> <ul style="list-style-type: none">• 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.• an Advanced Training position in an RACP-accredited training setting or network or an approved non-core training position. |

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 **21** 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 10 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 |

| | | Entry criteria | Progression criteria | Completion criteria | |
|----|--|---|---|---|---|
| | Learning goals | Entry into training | Specialty foundation | Specialty consolidation | Transition to fellowship |
| | | At entry into training, trainees will: | By the end of this phase, trainees will: | By the end of this phase, trainees will: | By the end of training, trainees will: |
| Be | 1. Professional behaviours | Level 5 consistently behaves in line with all 10 domains of professional practice | Level 5 consistently behaves in line with all 10 domains of professional practice | Level 5 consistently behaves in line with all 10 domains of professional practice | Level 5 consistently behaves in line with all 10 domains of professional practice |
| | 2. Team leadership: Lead a team of health professionals | 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 | 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 3 be able to act with indirect 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 1 be able to be present and observe | 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 3 be able to act with indirect 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 3 be able to act with indirect 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 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to supervise others |
| | 8. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues | 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 | Level 5 be able to supervise others |
| | 9. Communication with patients: Discuss diagnoses and management plans with patients | 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 | Level 5 be able to supervise others |
| | 10. Prescribing: Prescribe therapies tailored to patients' needs and conditions | 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 | Level 5 be able to supervise others |
| | 11. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures | Level 1 be able to be present and observe | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to supervise others |

| | | Entry criteria | Progression criteria | Completion criteria | |
|------|---|--|--|---|--|
| | Learning goals | Entry into training | Specialty foundation | Specialty consolidation | Transition to fellowship |
| | 12. Investigations: Select, organise, and interpret 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 | Level 5 be able to supervise others |
| | 13. Clinic management: Manage an outpatient clinic | 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 | Level 5 be able to supervise others |
| Know | 14. Foundations of adult rheumatology | Level 2 know the topics and concepts in this knowledge guide | 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. Inflammatory arthritis | Level 2 know the topics and concepts in this knowledge guide | 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. Connective tissue disease | Level 2 know the topics and concepts in this knowledge guide | 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 |
| | 17. Vasculitis | Level 1 have heard of some of the topics in this knowledge guide | Level 2 know the topics and concepts in this knowledge guide | Level 3 know how to apply this knowledge to practice | Level 5 consistently demonstrate application of this knowledge to practice |
| | 18. Osteoarthritis, pain syndromes, and regional musculoskeletal disorders | Level 2 know the topics and concepts in this knowledge guide | 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. Muscle disorders | Level 1 have heard of some of the topics in this knowledge guide | Level 2 know the topics and concepts in this knowledge guide | Level 3 know how to apply this knowledge to practice | Level 5 consistently demonstrate application of this knowledge to practice |
| | 20. Conditions that overlap with other specialties | Level 1 have heard of some of the topics in this knowledge guide | Level 3 know how to apply this knowledge to practice | Level 4 frequently show they apply this knowledge to practice | Level 4 frequently show they apply this knowledge to practice |
| | 21. Autoinflammatory disease | Level 1 have heard of some of the topics in this knowledge guide | Level 2 know the topics and concepts in this knowledge guide | Level 3 know how to apply this knowledge to practice | Level 4 frequently show they apply 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. |
| Learning | |
| Minimum 36 months full time equivalent (FTE) professional experience | Minimum 12 months FTE during each phase. |
| 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. |
| Logbook | Cases managed section to be completed twice during each phase. Procedural section to be completed over the course of Advanced Training |
| Attendance at least 1 Annual Scientific Meeting, including Advanced Training preceptorship | Before the end of Advanced Training. Recommended once per 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 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. |
| Teaching | |
| Nominate 2 supervisors per rotation | At the start of each accredited or approved training rotation. |
| Assessment | |
| 12 learning captures | Minimum 1 per month. |
| 12 observation captures | Minimum 1 per month. |
| 4 progress reports | Minimum 1 every 3 months. |

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

Learning blueprint

This high-level learning program blueprint outlines which of the learning goals the learning requirements *could align* and *will align* with.

| Learning goals | Learning requirements | | | | | | | | | |
|---------------------------------------|-------------------------|---------------|---|--|---|---|--|--|--|---------------------------------|
| | Professional experience | Rotation plan | 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 | Meeting and training activity attendance | Procedural & professional experience logbook | Structured Learning Course (recommended) | Ultrasound course (recommended) |
| 1. Professional behaviours | Could align | Will align | Will align | Will align | Will align | Will align | Could align | Could align | x | x |
| 2. Team leadership | Could align | x | x | x | x | x | x | x | x | x |
| 3. Supervision and teaching | Could align | x | x | Will align | x | x | x | x | x | x |
| 4. Quality improvement | Could align | x | x | x | x | x | x | Could align | x | x |
| 5. Clinical assessment and management | Could align | x | x | x | x | x | x | Could align | Could align | x |
| 6. Management of transitions in care | Could align | x | x | x | x | x | x | x | x | x |
| 7. Acute care | Could align | x | x | x | x | x | x | Could align | Could align | x |
| 8. Longitudinal care | Could align | x | x | x | x | x | x | x | Could align | x |
| 9. Communication with patients | Could align | x | x | x | x | x | Could align | Will align | x | x |

| | | | | | | | | | | |
|---|-------------|---|---|---|---|------------|-------------|-------------|-------------|-------------|
| 10. Prescribing | Could align | x | x | x | x | x | x | x | Could align | x |
| 11. Procedures | Could align | x | x | x | x | x | x | Will align | x | Could align |
| 12. Investigations | Could align | x | x | x | x | Will align | x | Could align | Could align | x |
| 13. Clinic management | Could align | x | x | x | x | x | x | x | Could align | x |
| 14. Foundations of adult rheumatology | Could align | x | x | x | x | x | Could align | Will align | Could align | Could align |
| 15. Inflammatory arthritis | Could align | x | x | x | x | x | Could align | Could align | Could align | Could align |
| 16. Connective tissue disease | Could align | x | x | x | x | x | Could align | x | Could align | Could align |
| 17. Vasculitis | Could align | x | x | x | x | x | Could align | x | Could align | Could align |
| 18. Osteoarthritis, pain syndromes, and regional musculoskeletal disorders | Could align | x | x | x | x | x | Could align | x | Could align | x |
| 19. Muscle disorders | Could align | x | x | x | x | x | Could align | x | Could align | x |
| 20. Conditions that overlap with other specialties | Could align | x | x | x | x | x | Could align | Could align | Could align | x |
| 21. Autoinflammatory disease | Could align | x | x | x | x | x | Could align | x | Could align | x |

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 approved rotations in at least 2 different training settings

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

- **24 months minimum** accredited core rheumatology training time (core training should be undertaken prior to non-core unless exception granted)
- **12 months maximum of approved non-core training.** The following may be suitable non-core training for rheumatology:
 - Further clinical training in rheumatology (locally or internationally)
 - Research training as part of a higher degree (trainees undertaking research must attend a minimum of 1 rheumatology clinic per week)
 - Training time in a specialty closely associated with rheumatology (e.g. clinical pharmacology, general medicine, immunology)

Non-core training time requirements

During non-core training, the trainee is expected to undertake professional experience that substantively contributes to their development as a rheumatologist.

- Trainees need to submit a rotation plan for any non-core professional experience at least 3 months in advance to allow adequate time for the overseeing committee to consider if the position is eligible towards non-core professional experience requirements.
- If you are a new trainee entering the program, you are unable to apply in TMP until applications open on 1 December / 1 July each year. Therefore, if you are planning to complete non-core training, you must contact the College via Rheumatology@racp.edu.au or Rheumatology@racp.org.nz to outline how your position will meaningfully contribute to your development as a rheumatologist.
- Examples of non-core years which would often be considered acceptable include:
 - Further clinical training in rheumatology (locally or internationally)
 - Research training as part of a higher degree (including some ongoing clinical training). Trainees undertaking research must attend a minimum of 1 rheumatology clinic per week to ensure ongoing progression towards clinical learning goals and remain clinically up to date.
 - Training time in a specialty closely associated with rheumatology:
 - general medicine,
 - immunology
 - clinical pharmacology
- Other non-core years may be considered on a case-by-case basis. A year in another specialty alone is generally not considered satisfactory training for a non-core rheumatology year.
- If non-core training is undertaken prior to core training, it does not guarantee a position in the rheumatology advanced training program or subsequent employment.

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 |
| <p>Trainees can submit a rotation plan in TMP under the training plan tab.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>Trainees need to nominate their rotation supervisors in the plan, and they will need to approve the plan in TMP via 'my assigned actions'.</p> <p>For more information on how to complete a rotation plan review the training resources.</p> |
| Due dates |
| <p>28 February for rotations in the first half or whole of the year.</p> <p>31 August for rotations in the second half of the year.</p> |

Meeting attendance

Requirement

Details of requirement

- Attend at least 1 national meeting, including Advanced Training preceptorship over the course of training (required. Yearly attendance recommended, if possible).
- Attend one poster/oral presentation at national or international conferences (recommended only)

Description

Meetings could include:

- Australian Rheumatology Association (ARA) Annual Scientific Meeting (priority attendance for Australian trainees)
- New Zealand Rheumatology Association (NZRA) Annual Scientific Meeting (priority attendance for Aotearoa New Zealand trainees)

State / local meetings are an opportunity for trainees to present difficult, challenging, and/interesting cases to a broader rheumatologist audience. Trainees are encouraged to present a brief literature review. Experts from other specialties are often invited to attend and present additional expertise.

National meetings are yearly Annual Scientific Meetings organised by Australia / New Zealand Rheumatology Association. It is an opportunity for trainees to hear the latest in rheumatology, a chance to review and update their knowledge, particularly for those who cannot travel overseas for larger conferences such as European Alliance of Associations for Rheumatology (EULAR) or American College of Rheumatology (ACR). These meetings also present an opportunity for profession networking which is important for cultivation of collective profession identity.

Advanced training preceptorship is a full-day workshop, usually a day before national Annual Scientific Meeting.

Purpose

To enable trainees to learn and keep up to date with the latest advancements in rheumatology. Attendance also allows rheumatology trainees to interact with each other and local / international experts in a formal education setting. These conferences are particularly useful to meeting training requirement of knowledge guides in rarer conditions e.g. autoinflammatory conditions.

The purpose of trainee preceptorship is to provide focused and standardised teaching in a time and setting that is most convenient for trainees throughout Australia / Aotearoa New Zealand.

How to complete it

Appropriate meetings could include:

- [ARA annual scientific meeting](#)
- [NZRA annual scientific meeting](#)
- [EULAR Congress](#)
- [ACR annual meeting](#)

Trainees are to submit evidence of their presentation and attendance to [TMP](#) under the assessment requirements tab.

Logbooks

| Requirement |
|---|
| 1 x logbook with 2 tabs |
| <ul style="list-style-type: none">• 1 x procedural logbook completed ongoing over the course of training.• 1 x cases managed logbook outlines cases managed for 8 weeks, twice during each phase of training |
| Description |
| The logbook is a learning tool that helps trainees capture data about and reflect on specific workplace experiences. |
| How to complete it |
| Trainees can use the logbook template to record data and reflect on workplace experiences. The logbook can be submitted via TMP under the assessment requirements tab |

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

- Structured learning course, such as:
 - [EULAR online learning course in rheumatic disease](#)
 - [ACR advanced rheumatology course](#)
- Ultrasound course, such as:
 - [EULAR annual in person course, or online course](#)
 - [USSONAR course](#)
 - [Musculoskeletal medicine specialists' course](#)
 - [AIU](#)
 - [ZEDU](#)
 - [MSK Australia - Musculoskeletal Ultrasound Education Providers](#)
 - [Musculoskeletal Ultrasound Courses and Training New Zealand](#)
 - [American College of Rheumatology course](#)
- [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:

Core training:

2 individuals for the role of Rotation Supervisor

- Minimum of 2 supervisors per rotation who are Fellows of the RACP in Rheumatology

Non-core training:

2 individuals for the role of Rotation Supervisor

- Minimum of 1 supervisor per rotation who is a Fellow of the RACP in Rheumatology, and may be a third/remote supervisor

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 *could be* and *will be* assessed by the assessment tools.

| Learning goals | Assessment tools | | | |
|---------------------------------------|------------------|---------------------|-----------------|------------------|
| | Learning capture | Observation capture | Progress report | Research project |
| 1. Professional behaviours | Could assess | Could assess | Will assess | Will assess |
| 2. Team leadership | Could assess | Could assess | Will assess | x |
| 3. Supervision and teaching | Could assess | Could assess | Will assess | x |
| 4. Quality improvement | Could assess | Could assess | Will assess | Could assess |
| 5. Clinical assessment and management | Could assess | Could assess | Will assess | x |
| 6. Management of transitions in care | Could assess | Could assess | Will assess | x |
| 7. Acute care | Could assess | Could assess | Will assess | x |
| 8. Longitudinal care | Could assess | Could assess | Will assess | x |
| 9. Communication with patients | Could assess | Could assess | Will assess | x |
| 10. Prescribing | Could assess | Could assess | Will assess | x |
| 11. Procedures | Could assess | Could assess | Will assess | x |
| 12. Investigations | Could assess | Could assess | Will assess | x |
| 13. Clinic management | Could assess | Could assess | Will assess | Could assess |
| 14. Foundations of adult rheumatology | Could assess | Could assess | Will assess | Could assess |

| | | | | |
|---|--------------|--------------|-------------|--------------|
| 15. Inflammatory arthritis | Could assess | Could assess | Will assess | Could assess |
| 16. Connective tissue disease | Could assess | Could assess | Will assess | Could assess |
| 17. Vasculitis | Could assess | Could assess | Will assess | Could assess |
| 18. Osteoarthritis, pain syndromes, and regional musculoskeletal disorders | Could assess | Could assess | Will assess | Could assess |
| 19. Muscle disorders | Could assess | Could assess | Will assess | Could assess |
| 20. Conditions that overlap with other specialties | Could assess | Could assess | Will assess | Could assess |
| 21. Autoinflammatory disease | Could assess | Could assess | Will assess | Could assess |

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

12 x observation 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

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

4 x progress reports 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

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](#).

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.

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.

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

Aotearoa New Zealand: 31 March, 15 June, or 15 December.

Roles and responsibilities

Advanced Trainee

| Role |
|---|
| A member who is registered with the RACP to undertake one or more Advanced Training programs. |
| Responsibilities |
| <ul style="list-style-type: none">• Maintain employment in accredited training settings.• Act as a self-directed learner:<ul style="list-style-type: none">○ 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 |
| <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ 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 |
| <ul style="list-style-type: none">• Be aware of the learning goals of the training program.• Provide feedback to support the progression of Advanced Trainees within the setting:<ul style="list-style-type: none">◦ 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 |
| <ol style="list-style-type: none">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: <ul style="list-style-type: none">• 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](#)