NEW CURRICULA

2025 Learning, teaching, and assessment programs

Advanced Training in Cardiology (Paediatrics & Child Health)

RACP Specialists. Together

About this document

The new Advanced Training in Cardiology (Paediatrics & Child Health) curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

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

Modified 2025 assessment program requirements

Responding to feedback from our educators that more time is needed to gain familiarity with our new assessment tools and technology, we've opted for a gradual start for the number of assessment tools for 2025.

For Advanced Training in Cardiology (Paediatrics & Child Health), for 2025 only, the number of assessments that trainees are required to complete has been reduced to:

- 1 x learning capture every 3 months (4 total in 2025, reduced from 12)
- 1 x observation capture every 3 months (4 total in 2025, reduced from 12)

Please note that these are the minimum requirements. Trainees are encouraged to complete additional observation captures and learning captures as part of each rotation if they are able as these will provide more information to inform progress decisions.

The learning, teaching, and assessment programs outlined below have been updated to reflect these modified 2025 requirements.

Contents

Program overview **4**
About the program **5**
Purpose of Advanced Training 5
Overview of specialty 5
Supervising committee 7
Qualification 7
Learning goals and progression criteria **8**
Learning, teaching, and assessment structure 8
Entry criteria 9
Progression criteria 9
Learning goals 10
Developmental & psychosocial training (Paediatrics & Child Health Division) 13
Learning, teaching, and assessment requirements **15**
Overview 15
Entry 17
Training application 17
Learning 18
Professional experience 18
Rotation plan 18
Procedural logbook 19
Courses 21
Recommended resources 23
Teaching 24
Supervision 24
Assessment 25
Assessment blueprint 25
Learning capture 27
Observation capture 27
Progress report 28
Research project 28
Roles and responsibilities **30**

Advanced Trainee 30
Rotation supervisor 30
Assessor 30
Progress Review Panel 31
RACP oversight committees 31
Resources 33
For trainees 33
For supervisors 33

Program overview

CURRICULUM STANDARDS

The curriculum standards are summarised as 18 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 from paediatric to adult care 7. Acute paediatric cardiac care 8. Management of cardiac conditions from fetal to adolescence, including end-of-life care 9. Communication with patients 10. Prescribing 11. Procedures 12. Investigations
KNOW	13. Scientific foundations of paediatric cardiology 14. Acute paediatric cardiac care 15. Structural heart disease, including valvular and congenital heart disease 16. Acquired heart disease 17. Arrhythmias 18. Genetic cardiac disorders

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 RACP-accredited clinical training position for core Advanced Training in RACP Paediatric Cardiology.

LTA PROGRAMS

The LTA program outlines 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 (reduced to 4 for 2025 only)

12 observation captures per phase (reduced to 4 for 2025 only)

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

Paediatric cardiologists are subspecialist paediatricians who diagnose and manage congenital and acquired cardiac and cardiovascular conditions and multisystem disorders.

It is a diverse field of paediatrics that involves working closely with specialist colleagues in multidisciplinary teams to provide patient- and family-centred care for perinates, infants, children, adolescents, and young adults who present with complex cardiac conditions across the developmental continuum.

A career in paediatric cardiology is both challenging and rewarding. It involves dealing with complex and technically demanding medical issues, and also provides much personal and professional satisfaction.

Paediatric cardiologists:

- **diagnose and manage patients with a broad range of cardiac and cardiovascular conditions**, including structural and congenital heart disease, acquired heart disease, rhythm disturbances, conditions affecting circulatory function, and other genetic or systemic disorders affecting the cardiovascular system.
- **provide care across a variety of settings** and tailor expertise to the context that meets the needs of each individual patient. This could range from delivering acute care in emergency and intensive care situations to managing the long-term care of patients with congenital or life-limiting cardiac conditions in inpatient and outpatient settings.
- **perform procedures and investigations** and apply the latest evidence-based technologies to assess, diagnose, treat, and manage cardiac conditions. In some settings, paediatric cardiologists may perform interventional procedures.
- **work closely with patients, their families and/or carers to manage and support their transition from paediatric through to adult care.** Paediatric cardiologists also establish enduring professional relationships with patients and their families, and provide appropriate advice and support to optimise the long-term management and outcomes of each individual patient.

- **have the opportunity to explore special clinical and academic interest areas**, including:
  - cardiac catheterisation and intervention
  - cardiac genetics
  - congenital heart disease (paediatrics and adult)
  - electrophysiology
  - fetal cardiology
  - heart failure and transplantation
  - imaging
  - intensive cardiac care.

In addition to their specialist expertise, paediatric cardiologists are strong problem solvers who work well under pressure. Day to day paediatric cardiologists use their organisational ability and communication skills to manage relationships with colleagues, patients, and their families, to:

- **coordinate patient care and work as an integral member of multidisciplinary teams.** Paediatric 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. In many hospitals, paediatric cardiologists work alongside emergency and intensive care medicine physicians to fast-track and coordinate the care of children with congenital and acquired heart disease from the outset.
- **advocate for patients and communities.** Paediatric cardiologists apply a biopsychosocial approach to ensure the delivery of efficient, cost effective, and safe care for the benefit of their patients and communities, and advocate for the equitable distribution of resources to combat prevailing health inequities and improve the health outcomes of all patients. Many also provide outreach consulting services to regional and rural centres.
- **apply a scholarly approach to clinical decision making.** Paediatric cardiologists conduct and apply academic research to make evidence-based decisions that improve the treatment and management of their patients. Several academic and research opportunities exist within paediatric cardiology, particularly in the areas of clinical epidemiology and health systems performance.
- **contribute to workforce development.** Paediatric cardiology is a relatively small but highly skilled and collegiate workforce committed to maintaining lifelong excellence in practice through continuous professional development, and fostering the learning of others through mentoring, supervision, and teaching.

Supervising committee

The program is supervised by the Advanced Training Committee in Cardiology and the Aotearoa New Zealand Advanced Training 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 paediatric 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. • an RACP-accredited clinical training position for core Advanced Training in RACP Paediatric 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 **18** 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 5 domains** of professional practice	Needs to work on behaviour in **4 or 5 domains** of professional practice	Needs to work on behaviour in **2 or 3 domains** of professional practice	Needs to work on behaviour in **1 or 2 domains** 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** (e.g. supervisor is physically located within the training setting)	Is able to **act with supervision at a distance** (e.g. supervisor available to assist via phone)	Is able to **provide supervision**
Know: Knowledge guides	Has **heard of** some of the topics in this knowledge guide that underpin specialty practice *(heard of)*	**Knows** the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	**Knows how** to apply the knowledge in this knowledge guide to specialty practice *(knows how)*	**Frequently shows** they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	**Consistently applies** sound knowledge in this knowledge guide to specialty practice *(does)*

		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 10 domains** of professional practice	**Level 5** consistently behave in line with **all 10 domains** of professional practice	**Level 5** consistently behave in line with **all 10 domains** of professional practice
Do	**2. Team leadership:** Lead a team of health professionals	**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 provide supervision
	3. Supervision and teaching: Supervise and teach professional colleagues	**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 provide supervision
	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 4** be able to act with supervision at a distance
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	**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 provide supervision
	6. Management of transitions from paediatric to adult care: Manage transitions of patient care from paediatric to adult medicine	**Level 2** be able to act with direct supervision	**Level 4** be able to act with supervision at a distance	**Level 4** be able to act with supervision at a distance
	7. Acute paediatric cardiac care: Assess and manage the care of acutely unwell patients	**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 provide supervision
	8. Management of cardiac conditions from fetal to adolescence, including end-of-life care: Manage and coordinate the longitudinal care of patients with complex cardiac conditions, including end-of-life	**Level 3** be able to act with indirect supervision	**Level 4** be able to act with supervision at a distance	**Level 4** be able to act with supervision at a distance
	9. Communication with patients: Discuss diagnoses and management plans with patients	**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 provide supervision
	10. Prescribing: Prescribe therapies tailored to patients' needs and conditions	**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 provide supervision
	11. 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
	12. Investigations: Select, organise, and interpret investigations	**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 provide supervision
Know	**13. Scientific foundations of paediatric cardiology**	**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)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*

		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:*
	14. Acute paediatric cardiac care	**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)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
	15. Structural heart disease, including valvular and congenital heart disease	**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)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
	16. Acquired heart disease	**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)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
	17. Arrhythmias	**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)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*
	18. Genetic cardiac disorders	**Level 2** know the topics and concepts in this knowledge guide that underpin specialty practice *(knows)*	**Level 4** frequently show they can apply knowledge in this knowledge guide to specialty practice *(shows how)*	**Level 5** consistently apply sound knowledge in this knowledge guide to specialty practice *(does)*

Developmental & psychosocial training (Paediatrics & Child Health Division)

Developmental and Psychosocial (D&P) Training assists trainees to develop a sophisticated understanding of child development, encompassing physical, cognitive, emotional, behavioural and social areas, which should be gained from the perspective of the child within the family and in the context of the community.

A mandatory period of D&P Training for all paediatricians was introduced to ensure that the changing nature of paediatric practice is reflected in the training programs.

Review of D&P

The College is working to redefine how D&P training will be embedded in the new training programs. This will include defining learning goals, and new options for trainees to achieve these learning goals, which will be embedded into the Basic and Advanced Training programs.

Alternative options for completing D&P training and a timeline for implementation will be communicated during 2025. New D&P requirements will be developed, and any updates will be included in the relevant curricula standards and learning, teaching and assessment programs. Trainees and supervisors will be informed of updates with sufficient notice of any changes to ensure no disadvantage.

Until alternatives are available, **it is important that trainees plan to complete the requirement for D&P training through one of the time-based options currently available, to ensure eligibility for admission to Fellowship on completion of the requirements of Advanced Training.** Trainees must satisfactorily complete this requirement to be eligible for admission to Fellowship under the Paediatrics & Child Health Division.

Aotearoa New Zealand

The D&P training requirement can be met by completing a 3-month full-time equivalent rotation in relevant specialties. These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Australia

Developmental & psychosocial (D&P) training is currently a time-based requirement consisting of a minimum of six months full-time equivalent (FTE) in one or more of the following areas:

- Developmental/behavioural paediatrics
- Community paediatrics
- Disability/rehabilitation paediatrics
- Child and adolescent psychiatry
- Child protection
- Palliative medicine

These areas reflect a holistic approach to the health problems of children and young people. An understanding of the roles and inter-relationships of many allied health and community-based services, in a way that distinguishes them from experience in organ-based specialties, is required.

Approved training options

- **Option A: A prospectively-approved psychosocial training position (6 months full-time equivalent).** This can be completed as:
    - 2 x 3-month terms, or
    - 1 x 6-month block, or
    - a continuous part-time position, such as 2.5 days a week for 12 months (A conglomerate of experience for shorter time periods adding up to 6 months will not be accepted.)
- **Option B: A prospectively approved rural position (6 months full-time equivalent).** Complete the 6 months of training comprised of a documented weekly program in the psychosocial training areas with an appropriate level of supervision.
- **Option C: Attendance at a prospectively-approved clinic AND completion of an approved learning module.** The D&P training requirement can be completed in one of these formats:
    - 2 x sessions a week for 18 months, or
    - 1 x session a week for 3 years

    An approved clinic is determined to be a clinic where other health and/or educational professionals are involved, and supervision is directed by a paediatrician who is experienced in one or multiple areas of D&P Training, such as behaviour, development, rehabilitation and child protection.

    The approved learning module may be **one** of the following:

    - Evidence of attendance at a lecture series at a recognised institution, related to the D&P Training areas; or
    - 3 x referenced case reports/essays demonstrating comprehensive understanding of 3 different issues in the areas of psychosocial training – for example rehabilitation or community paediatrics (1500 to 2000 words each); or
    - Completion of the Griffith Mental Developmental Scales course.

    Other prospectively approved modules may be considered.

Apply

Contact Cardiology@racp.edu.au or Cardiology@racp.org.nz to apply for approval of D&P Training.

Resources

Developmental and Psychosocial Training Supervisor's Report form (DOC)

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 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 (reduced to 4 for 2025 only)	Minimum 1 per month (for 2025 only, reduced to minimum 1 every 3 months).
12 observation captures (reduced to 4 for 2025 only)	Minimum 1 per month (for 2025 only, reduced to minimum 1 every 3 months).
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

Professional experience

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 (may include prospectively approved overseas training time). • Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.

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. All completed procedures must be logged even after the minimum number has been reached. Trainees are to submit their completed logbook to cardiology@racp.edu.au (Australia) or cardiology@racp.org.nz (Aotearoa New Zealand) at the end of the transition to fellowship phase.

Procedures

Procedures	Minimum number required
Adenosine challenge: trainee to perform	10 cases
Ambulatory care (outpatient) setting: manage patients under supervision	300 patients including at least 20 patients transitioning to adult care, or who are adult congenital patients

Balloon atrial septostomy: perform under supervision and demonstrate competency as first operator	5 cases
Cardiac catheterisation and haemodynamics: participate in, interpret and report	80 cases
Cardiac catheterisation: perform and report diagnostics as primary operator for the haemodynamics component of the catheter, with assistance	20 cases
Direct current cardioversion: trainee to perform	5 cases
Fetal echocardiograms: observe and counsel patients, families, and/or carers	20 studies (10 studies with complex lesions)
Transoesophageal echocardiograms: all studies should be reviewed by a consultant and have finalised consultant reports	50 studies 25 studies as primary operator
Transthoracic echocardiograms: all studies should be reviewed and have finalised consultant reports • cases under the supervision of paediatric echocardiographer or cardiologist • cases with cardiac pathology	600 cases in total 300 of the 600 cases 500 of the 600 cases
Electrocardiograms: interpret and report on both inpatients and outpatients	100 cases
Electrophysiology study/ablation procedure: participate in clinical decision-making for, including observation of procedures and interpretation of reports **The same patient may be used to demonstrate experience in more than one type of instance.*	25 instances* 10 instances that demonstrate clinical decision making 5 instances where the trainee has observed and interpreted the study/procedure 10 instances where the trainee has interpreted the report
Exercise tests: trainee to supervise and report	50 cases
Holter monitor: trainee to report and interpret	50 cases
Chest X-rays: trainee to interpret results	25 cases
Cardiac MRI: trainee to interpret results	25 cases Trainees should be present for 5 procedures
CT angiogram: trainee to interpret results	25 cases Trainees should be present for 5 procedures
Testing permanent pacemaker function: trainee to participate in	20 cases
Pericardial aspiration: trainee to perform under supervision and demonstrate competency as first operator	3 cases

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), completed by the end of Advanced Training.
Description
The SPDP consists of 3 workshops: • Educational Leadership and Management • Learning Environment and Culture • Teaching and Facilitating Learning for Safe Practice See Supervisor Professional Development Program for more information on the program.
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 Cardiac Genomics masterclass
- 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**	**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 from paediatric to adult care	Could assess	Could assess	Will assess	x
7. Acute paediatric cardiac care	Could assess	Could assess	Will assess	x
8. Management of cardiac conditions from fetal to adolescence, including end-of-life 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. Scientific foundations of paediatric cardiology	Could assess	Could assess	Will assess	x
14. Acute paediatric cardiac care	Could assess	Could assess	Will assess	x
15. Structural heart disease, including valvular and congenital heart disease	Could assess	Could assess	Will assess	x
16. Acquired heart disease	Could assess	Could assess	Will assess	x
17. Arrhythmias	Could assess	Could assess	Will assess	x
18. Genetic cardiac disorders	Could assess	Could assess	Will assess	x

Learning capture

Requirement
12 x learning captures per phase of training, minimum 1 per month (reduced to 4 x learning captures for 2025 only, minimum of 1 every 3 months). *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 (reduced to 4 x observation captures for 2025 only, minimum of 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
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 will be completed using TMP from September 2025. Until then, Trainees and Rotation Supervisors can use a hard copy Rotation Progress Report (template) for rotations in the first six months of 2025. Progress reports should be submitted to the College every 3 months via email to Cardiology@racp.edu.au (Australia) or Cardiology@racp.org.nz (Aotearoa New Zealand). ***Note:** Once reports are available in TMP, this hard copy report will no longer be accepted.*

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 types of research projects are accepted: • Research in human subjects, populations and communities or laboratory research • 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 Satisfactory or Unsatisfactory 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.

Email research project submissions to Research.Project@racp.edu.au by one of the following deadlines:

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

• 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 group convened to make evidence-based decisions on Advanced Trainees' progression through and certification of training.

In 2025, until technology is available to support panels, RACP oversight committees will act as panels and continue to be responsible for monitoring and assessing trainees' progression through training.

Responsibilities

- Review and assess trainees' progress.
- Communicate and report on progression decisions.
- Monitor delivery of the Advanced Training program.
- Ensure compliance to regulatory, policy and ethical matters.

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 Progress Review Panels 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