

Education renewal

New program handbook – 2024 transition year

Advanced Training in Cardiology (Adult Internal Medicine)



RACP
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About this document

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

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

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

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

For more information or to provide feedback contact curriculum@racp.edu.au.

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Program overview

CURRICULUM STANDARDS

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

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

LTA STRUCTURE

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



Entry criteria

Prospective trainees must have:

- completed RACP Basic Training, including the Written and Clinical Examinations
- general medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practising certificate if applying in Aotearoa New Zealand.
- a clinical training position accredited for core Advanced Training in RACP Cardiology.

LTA REQUIREMENTS

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

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

Requirements in 2024

Registration

- 1 [registration form](#)

Teaching

- 2 [education supervisors](#)

Assessment

- 1 [learning plan](#)
- 2 [mini-clinical evaluation exercises](#)
- 2 [case-based discussions](#)
- 2 [direct observation of procedural skills](#)
- 2 [supervisor's reports](#)

Requirements over the course of training

Learning

Minimum 36 months FTE [professional experience](#)
[RACP Induction to Advanced Training 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

Assessment

- 1 [cardiothoracic surgery progress report](#)
- 1 [logbook](#) that demonstrates completion of the minimum procedural requirements.
- 1 [research project](#)

*Resource to be developed.

About the program

2024 transition year

The new program

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

This includes:

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

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

2024 transition year

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

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

Changes we're working on for 2025

Technology

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

Assessment tools

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

Programmatic assessment and decision-making

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

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

Purpose of Advanced Training

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

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

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



Overview of specialty

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

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

Cardiology is a dynamic field of internal medicine. Cardiologists:

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

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

- **working as an integral member of multidisciplinary teams.** Cardiologists work collaboratively with other health professionals to make balanced and objective clinical decisions, and ensure each patient receives the best available treatment and management
- **educating and advocating for patients and communities.** Cardiologists empower their patients to understand cardiovascular disease, risk, and prevention, and advocate for the equitable distribution of resources to address prevailing health inequities and help ensure optimal health outcomes for all patients
- **applying a scholarly approach.** Cardiologists conduct and apply academic research to make evidence-based decisions that improve the treatment and management of their patients.
- **being committed to teaching and learning.** Cardiologists are committed to maintaining lifelong excellence in practice through continuous professional development and fostering the learning of others through mentoring, supervising, and teaching.

Supervising committee

The program is supervised by the 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 (LTA) structure

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

Advanced Training is structured in 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 cardiologist.• 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.• a clinical training position accredited for core Advanced Training in RACP Cardiology. |

Progression criteria

| |
|--|
| 2024 |
| <p>Training committees will make progression decisions based on satisfactory completion of requirements by the relevant published deadlines.</p> |
| Subsequent years |
| <p>To progress to the next phase or to complete the program, trainees can demonstrate:</p> <ul style="list-style-type: none">• 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. <p>Training committees (or delegated progress review panels) will consider evidence supporting trainees' achievement of the progression criteria and make progress decisions.</p> <p>If criteria have not been met, committees or panels may decide to place conditions on trainees' progression to the next phase of training or not to progress trainees until all criteria have been achieved.</p> |

Learning goals

The [curriculum standards](#) are summarised as **19** learning goals. Learning and assessment activities are linked to the learning goals to ensure that these activities align with the standards and trainees are able to demonstrate learning across the breadth of the curriculum.

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

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

Rating scales

| Levels | 1 | 2 | 3 | 4 | 5 |
|---|---|--|---|---|---|
| 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 (<i>heard of</i>) | Knows the topics and concepts in this knowledge guide that underpin specialty practice (<i>knows</i>) | Knows how to apply the knowledge in this knowledge guide to specialty practice (<i>knows how</i>) | Frequently shows they can apply knowledge in this knowledge guide to specialty practice (<i>shows how</i>) | Consistently applies sound knowledge in this knowledge guide to specialty practice (<i>does</i>) |

| | | Progression criteria | | Completion criteria |
|----|---|--|---|--|
| | Learning goals | Specialty foundation* <i>By the end of this phase, trainees will:</i> | Specialty consolidation <i>By the end of this phase, trainees will:</i> | Transition to fellowship <i>By the end of training, trainees will:</i> |
| Be | 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 |
| | 2. Team leadership: Lead a team of health professionals | Level 2 be able to act with direct supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| Do | 3. Supervision and teaching: Supervise and teach professional colleagues | Level 2 be able to act with direct supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to 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 5 be able to provide supervision |
| | 5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients | Level 2 be able to act with direct supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts | Level 2 be able to act with direct supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 7. Acute care: Manage the early care of acutely unwell patients | Level 2 be able to act with direct supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 8. Communication with patients: Discuss diagnoses and management plans with patients | Level 2 be able to act with direct supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 9. Procedures: Plan, prepare for, perform, and provide aftercare for important practical procedures and investigations | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance |
| | 10. Clinic management: Manage an outpatient clinic | Level 2 be able to act with direct supervision | Level 4 be able to act with supervision at a distance | Level 5 be able to provide supervision |
| | 11. Manage patients with untreatable, life-limiting cardiac conditions: Manage the care of patients with untreatable, life-limiting cardiac conditions | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 5 be able to provide supervision |
| | Know | 12. Scientific foundations of 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 the knowledge in this knowledge guide to patient care (shows how) |

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

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

Learning, teaching, and assessment requirements

Overview

Requirements in 2024

| What do I need to do? | When do I need to do it? |
|---|--|
| Registration | |
| 1 registration form | At the start of the phase. |
| Teaching | |
| Nominate 2 education supervisors | At the start of each accredited or approved training rotation. |
| Assessment | |
| 1 learning plan | At the start of the phase. |
| 2 mini-clinical evaluation exercises | Recommended 1 every 6 months. |
| 2 case-based discussions | Recommended 1 every 6 months. |
| 2 direct observation of procedural skills | Recommended 1 every 6 months. |
| 2 supervisor's reports | Recommended 1 every 6 months. |

Requirements over the course of training

| What do I need to do? | When do I need to do it? |
|---|---|
| Learning | |
| Minimum 36 months full time equivalent (FTE) professional experience | Minimum 12 months FTE during each phase. |
| RACP Induction to Advanced Training resource * | Available in 2025. |
| 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. |
| Assessment | |
| 1 cardiothoracic surgery progress report | Before the end of Advanced Training. |
| 1 logbook that demonstrates completion of the minimum procedural requirements. | Before the end of Advanced Training. |
| 1 research project | Before the end of Advanced Training. Recommended submission before the transition to fellowship phase. |

*Resource to be developed.

Registration

| | How to register | Deadlines |
|-----------------------------|--|--|
| Australia | <p>Australian trainees can complete their registration online</p> <p>If online registration is closed, email an application form (DOC) to cardiology@racp.edu.au</p> | <p>15 February first half or whole of the current year</p> <p>31 August second half of the current year</p> |
| Aotearoa New Zealand | <p>Aotearoa New Zealand trainees must email an application form (DOC) to cardiology@racp.org.nz</p> | <p>15 December first half or whole of the following year</p> <p>30 April May to August rotations</p> <p>30 June second half of the current year</p> |

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

Learning

Professional experience

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

Professional experience

- Complete at least 36 months of relevant professional experience in accredited core clinical training positions.

Location of training

- Complete training in at least 2 different accredited training settings.
- Complete at least 24 months of training in accredited training settings in Australia and/or Aotearoa New Zealand.

Experiential training

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

Courses

RACP Induction to Advanced Training resource

Requirements

1 x RACP Induction to Advanced Training resource

Overview

More information on this resource will be available in 2024.

RACP Supervisor Professional Development Program

Requirements

1 x RACP Supervisor Professional Development Program (SPDP)

Deadline

Trainees must complete the SPDP by the end of their Advanced Training.

Overview

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

The SPDP consists of 3 workshops:

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

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

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

Requirements

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

Certification

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

Deadline

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

Overview

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

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

The [Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety online course](#) teaches best practice medicine for Aboriginal, Torres Strait Islander and

Māori patients through reflection on the trainee's own cultural values and recognition of their influence on professional practice.

Resources

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

RACP Health Policy, Systems and Advocacy resource

Requirements

1 x RACP Health Policy, Systems and Advocacy resource

Certification

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

Deadline

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

Overview

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

Resources

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

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

Education supervisors

For each accredited or approved training rotation: Name 2 individuals, for the role of education supervisor, who are Fellows of the RACP.

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

No exemptions apply to dual trainees.

Nominating eligible supervisors

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

A list of eligible supervisors can be found:

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

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

Assessment

Learning plan

Requirements

1 x learning plan, at the start of the phase, reviewed every 6 months (minimum), or every 3 months if the trainee has 3-month rotations or is on the Training Support pathway.

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

Overview

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

A learning plan can help trainees:

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

Resources

- [Cardiology learning plan](#) (XLS)

Mini-clinical evaluation exercise

Requirements

2 x mini-clinical evaluation exercises (mini-CEXs) to be completed in 2024.

It's recommended trainees complete minimum 1 every 6 months.

Deadlines

Australia: 31 January 2025.

Aotearoa New Zealand: Due at the end of each training rotation.

Submit the mini-CEX via the [Advanced Training Portal](#).

Overview

The mini-CEX is a formative assessment for trainees to receive timely, structured feedback on their performance in real clinical situations. A mini-CEX aims to:

- evaluate trainees' clinical performance in a real-life setting

- guide trainees' learning and improve clinical performance through structured feedback from an assessor
- identify ways for trainees to improve their practice in areas such as communication, history taking, physical examination and professional practice

Areas of assessment

Trainees must complete mini-CEXs on a range of cases, each focusing on specific parts of the clinical encounter:

- History taking
- Medical interviewing skills
- Physical examination skills
- Professional qualities
- Counselling skills
- Clinical judgement
- Organisation and efficiency

Step-by-step

Trainees need to complete the following steps.

1. Arrange a mini-CEX with their assessor – discuss and agree on learning goals that require focus and the assessor will then choose an appropriate consultation.
2. Provide their assessor a [mini-CEX rating form](#).
3. Undertake a patient consultation while being observed by their assessor – allow for 15 to 20 minutes.
4. The assessor will complete the mini-CEX rating form and provide feedback – allow for 10 to 15 minutes.
5. After feedback, both the trainee and assessor sign the rating form.
6. Enter data from the completed mini-CEX rating form into the online mini-CEX tool in the [Advanced Training Portal](#).
7. Submit a copy of the completed form to the assessor using the online mini-CEX tool.

Resources

- [mini-CEX rating form](#) (PDF)

Case-based discussion

Requirements

2 x case-based discussions (CbDs) to be completed in 2024.

It's recommended trainees complete minimum 1 every 6 months.

Deadlines

Australia: 31 January 2025.

Aotearoa New Zealand: Due at the end of each training rotation.

Submit the CbD rating form data via the [Advanced Training Portal](#).

Overview

A CbD is a work-based assessment and Advanced Training Program requirement used to evaluate a trainee's professional judgement in clinical cases.

A CbD involves a comprehensive review of a clinical case or cases between a trainee and an assessor. After the CbD, the assessor provides constructive feedback to help the trainee improve and structure their future learning.

The CbD aims to:

- guide the trainee's learning through structured feedback
- improve clinical decision making, clinical knowledge and patient management
- provide the trainee with an opportunity to discuss their approach to the case and identify strategies to improve their practice
- enable the assessor to share their professional knowledge and experience

An assessor can choose any case or cases where the trainee will play a significant role in clinical decision-making and patient management. The discussion should reflect the trainee's level of experience and be linked to their learning goals.

The discussion may focus on a single complex case or a series of cases covering a wide range of clinical areas. Areas may include:

- record keeping
- history taking
- clinical findings and interpretation
- management plan
- follow-up and future planning

Step-by-step

Trainees need to complete the following steps.

1. Arrange a CbD with their assessor.
2. Their assessor will choose an appropriate case or cases.
3. Confirm the chosen case or cases with their assessor.
4. Provide their assessor with a [CbD rating form](#) (PDF).

5. Discuss the case or cases with their assessor – allow for at least 30 minutes.
Note: The assessor will be making notes and ratings on the CbD rating form during this discussion.
6. The assessor will provide feedback following the CbD – allow for at least 10 minutes.
7. The trainee and assessor sign the CbD rating form.
8. Enter the data from the completed CbD form into the online CbD tool via the [Advanced Training Portal](#).
9. Submit a copy of the completed form to the assessor through the online CbD tool in the training portal.

Resources

- [CbD rating form](#) (PDF)

Direct observation of procedural skills

Requirements

2 x direct observation of procedural skills (DOPS) to be completed in 2024.

It's recommended trainees complete minimum 1 every 6 months.

Trainees cannot count 2 instances of the same procedure.

Deadlines

Australia: 31 January 2025.

Aotearoa New Zealand: Due at the end of each training rotation.

Submit the DOPS rating form data via the [Advanced Training Portal](#).

Overview

The DOPS is an evidence-based assessment used to guide trainees' learning and competency.

Trainees will perform a procedure on a patient in the workplace, while an experienced and knowledgeable assessor observes their performance.

Step-by-step

The trainee needs to complete the following steps.

1. Negotiate a procedure with their supervisor for the DOPS assessment.
2. Provide their assessor with a copy of the [DOPS rating form](#) (PDF).
3. The assessor observes while the trainee performs a procedure.
4. The assessor provides the trainee with immediate feedback on the procedure.

5. The trainee and assessor both sign the DOPS rating form.
6. Enter the data from the completed DOPS rating form online via the [Advanced Training Portal](#).
Once submitted, the assessor will receive a copy of the DOPS form. The supervisor can also view the DOPS rating form online.

Assessment areas

During a DOPS, trainees can be assessed across up to ten assessment domains:

- Understanding of indications, relevant anatomy, technique of procedure
- Obtains informed consent
- Appropriate pre-procedure preparation
- Patient and risk awareness
- Aseptic technique
- Technical ability
- Seeks help where appropriate
- Post-procedure management
- Communication skills
- Consideration for patient

Feedback

An assessor provides feedback to help identify learning needs and plan future learning opportunities for the trainee's training, as well as identifying their observed strengths.

The feedback should be given in a structured manner by breaking up the procedure into skill-related areas. This will help trainees focus their future learning.

Trainees will have the opportunity to comment on the assessor's feedback and with them develop an action plan for future skill development.

A trainee's learning plan should be reviewed by their supervisor (if they're not their assessor) following its development and reviewed again at their next meeting to see trainees' progress against the action plan.

Procedures

Cardiac catheterisation

The cardiac catheterisation assessment guide is to be used in conjunction with the [DOPS rating form](#) (PDF) and information in this handbook. Observable behaviours are listed for each DOPS criterion. These behaviours are considered to be markers of satisfactory performance of the cardiac catheterisation and should be considered as a guide to assist assessors in discriminating between different levels of rating.

| | |
|--|--|
| 1. Demonstrates understanding of indications, relevant anatomy, technique of procedure | Assess the case, including identification of appropriateness and individual risk |
| 2. Obtains informed consent | Explain the procedure, emphasise potential adverse effects prior to procedure and answer any patient questions |

| | |
|---|---|
| 3. Demonstrates appropriate pre-procedure preparation | |
| 4. Demonstrates patient and risk awareness | |
| 5. Aseptic technique | |
| 6. Technical ability/interpretation | <ul style="list-style-type: none"> • Apply correct puncture technique • Acquire images • Report on study |
| 7. Seeks help where appropriate | Recognise their own limitations and seek assistance |
| 8. Post-procedure management | Provide knowledgeable management of complications |
| 9. Communication skills | Speak clearly at a patient-appropriate level, avoiding jargon |
| 10. Consideration for patient | Ensure that the patient is as comfortable as possible throughout the procedure and in the immediate post-procedure phase |

Echocardiography

The Echocardiography assessment guide is to be used in conjunction with the [DOPS rating form](#) (PDF) and information in this handbook. Observable behaviours are listed for each DOPS criterion. These behaviours are considered to be markers of satisfactory performance of the echocardiography and should be considered as a guide to assist assessors in discriminating between different levels of rating.

| | |
|--|---|
| 1. Demonstrates understanding of indications, relevant anatomy, technique of procedure | Recognise normal and abnormal cardiac anatomy |
| 2. Obtains informed consent | Explain the procedure, emphasise potential adverse effects prior to procedure and answer any patient questions |
| 3. Demonstrates appropriate pre-procedure preparation | Select and use appropriate probe, machine and image settings to obtain and optimise image quality |
| 4. Demonstrates patient and risk awareness | |
| 5. Aseptic technique | |
| 6. Technical ability/interpretation | <ul style="list-style-type: none"> • Acquire images • Interpret and correlate obtained data with the clinical problem |
| 7. Seeks help where appropriate | Recognise their own limitations and seek assistance |
| 8. Post-procedure management | Discuss the echocardiography findings with sonographers, patients and consultants |

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| 9. Communication skills | Speak clearly at a patient-appropriate level, avoiding jargon |
| 10. Consideration for patient | Ensure that the patient is as comfortable as possible throughout the procedure and in the immediate post-procedure phase |

Pericardiocentesis

The Pericardiocentesis assessment guide is to be used in conjunction with the [DOPS rating form](#) (PDF) and the information in this handbook. Observable behaviours are listed for each DOPS criterion. These behaviours are considered to be markers of satisfactory performance of the pericardiocentesis and should be considered as a guide to assist assessors in discriminating between different levels of rating.

| | |
|--|--|
| 1. Demonstrates understanding of indications, relevant anatomy, technique of procedure | <p>Awareness of:</p> <ul style="list-style-type: none"> absolute vs relative indications different approaches i.e. apical vs subcostal (rarely parasternal). <p>Utilising different imaging modalities like echocardiography, fluoroscopy, or a combination of both (rarely CT guided).</p> |
| 2. Obtains informed consent | <p>Risks and benefits of the procedure and those of not doing the procedure.</p> <p>The relative contraindication of the 'diagnostic tap' particularly in small minimally symptomatic pericardial effusions.</p> |
| 3. Demonstrates appropriate pre-procedure preparation | Different preparation for different approach and imaging modality. |
| 4. Demonstrates patient and risk awareness | Confident with ultrasound guidance including USS to determine individual patient's anatomy for safest route for drainage (Apical, parasternal and subxiphoid). |
| 5. Aseptic technique | <p>Awareness of different techniques to use to increase confidence of being in pericardial space</p> <ul style="list-style-type: none"> checking haemoglobin use of dye/agitated saline haeodynamics safe path taken of the wire required to subsequently monorail pigtail catheter. |
| 6. Technical ability/interpretation | Awareness of steps to be undertaken if pigtail not inserted appropriately. |
| 7. Seeks help where appropriate | If pigtail catheter is to remain in for an extended period of time, appropriate monitoring of fluid collection and treatment |

| | |
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| | <p>plan for pigtail removal.</p> <p>Appropriate diagnostic testing of fluid, m/c/s, histology and difference between exudate and transudate.</p> |
| 8. Post-procedure management | <p>Expectations and appropriate management of pain relief.</p> <p>Expectation for length of time and plan for ongoing monitoring pericardial fluid drainage.</p> |
| 9. Communication skills | <p>Education regarding diagnosis and ongoing management of recurrence. Analgesia if needed.</p> |
| 10. Consideration for patient | <p>Awareness of:</p> <ul style="list-style-type: none"> absolute vs relative indications different approaches i.e. apical vs subcostal (rarely parasternal). <p>Utilising different imaging modalities like echocardiography, fluoroscopy, or a combination of both (rarely CT guided).</p> |

Temporary Pacing Wire

The Temporary Pacing Wire assessment guide is to be used in conjunction with the [DOPS rating form](#) (PDF) and information in this handbook. Observable behaviours are listed for each DOPS criterion. These behaviours are considered to be markers of satisfactory performance of the temporary pacing wire and should be considered as a guide to assist assessors in discriminating between different levels of rating.

| | |
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| 1. Demonstrates understanding of indications, relevant anatomy, technique of procedure | <p>Indications reflective of temporary nature of requirement i.e. post myocardial infarction, coronary spasm testing, coronary rotablator use or for rapid pacing during transcatheter aortic valve implantation.</p> <p>Minimise use for 'awaiting permanent pacemaker insertion'.</p> <p>Different approaches and associated risks for femoral access or internal jugular venous access. Awareness of 'balloon floated' wires.</p> |
| 2. Obtains informed consent | <p>Risks/benefits awareness including patient risk factors for right ventricular perforation (age, female, late presentation RV infarct, length of time inserted).</p> |
| 3. Demonstrates appropriate pre-procedure preparation | <p>Safe access including the use of ultrasound guided venous puncture of femoral or internal jugular vein.</p> |

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| 4. Demonstrates patient and risk awareness | Fluoroscopic landmarks associated with safe and effective pacing from the pacing wire. |
| 5. Aseptic technique | How to secure temporary pacing wire and sheath to minimise risks of device migration and/or infection. |
| 6. Technical ability/interpretation | How to establish pacing thresholds. |
| 7. Seeks help where appropriate | Particularly aware of managing complications such as perforation of right ventricle, heart failure, infection, vascular access issues. |
| 8. Post-procedure management | Secure wire and timing of removal. |
| 9. Communication skills | Setting patient expectations. |
| 10. Consideration for patient | Analgesia if needed. |
| Resources | |
| <ul style="list-style-type: none"> • DOPS rating form (PDF) | |

Supervisor's report

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| Requirements |
| <p>Australia</p> <p>12-month position (full-time and part-time trainees)</p> <ul style="list-style-type: none"> • 1 x supervisor's report for the first 6 months of the training year due by 15 July 2024 • 1 x supervisor's report for the last 6 months of the training year due by 31 January 2025 <p>6-month position or less (separate supervisors or separate sites)</p> <ul style="list-style-type: none"> • 1 x supervisor's report completed for each rotation: <ul style="list-style-type: none"> ○ Due 15 July 2024 for rotations in the first half of the year ○ Due 31 January 2025 for rotations in the second half the year <p>Aotearoa New Zealand</p> <p>12-month position (full-time and part-time trainees)</p> <ul style="list-style-type: none"> • 1 x supervisor's report for the first 6 months of the training year, due by 30 June 2024 • 1 x supervisor's report for the entire 12 months, due by 15 December 2024 <p>6-month position or less (separate supervisors or separate sites)</p> <ul style="list-style-type: none"> • 1 x supervisor's report completed for each rotation: |

- Due 30 June 2024 for rotations in the first half of the year
- Due 15 December 2024 for rotations in the second half of the year

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

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

Overview

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

Step-by-step: Online supervisor's report

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

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

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

Step-by-step: Paper supervisor's report

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

The trainee needs to complete the following steps.

1. Arrange a meeting to discuss and complete the supervisor's report with the supervisor(s).
2. Check that they have completed all relevant sections of the report prior to submission as incomplete reports will be returned to the trainee.

3. Submit the report(s) in PDF (preferred) or Word format via email to the relevant specialty, copying in:
 - all supervisors
 - any other specialty, if actively dual training.
4. Save a copy of the report(s) for personal records.

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

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

Late submission

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

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

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

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

Resources

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

Cardiothoracic surgery progress report

Requirements

1 x cardiothoracic surgery (CTS) progress report to be completed before the end of Advanced Training.

Deadlines

Due 15 October in the transition to fellowship phase.

Submit the [CTS progress report](#) (DOC) at the conclusion of training to cardiology@racp.edu.au (Australia) or cardiology@racp.org.nz (Aotearoa New Zealand).

Overview

Trainees must complete 2 x quarantined full weeks' attachment to a cardiothoracic surgical unit at a minimum. CTS training can be completed through a 1-week attachment across 2 years of training. Variations can be made to suit staffing requirements of individual cardiology and surgical units.

Aotearoa New Zealand can complete the requirement during their CTS rotation.

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

Trainees are expected to complete and record evidence of the minimum requirements in:

- coronary artery bypass grafting
- valve surgery
- ward rounds
- unit meetings
- case presentations

A clinical and surgical supervisor is required to provide formal feedback on the trainee's performance.

Procedures and activities

Trainees are expected to complete and record evidence of these procedures and activities during training.

Coronary artery bypass grafting

Requirement: 3 cases minimum.

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

Valve surgery

Requirement: 2 cases minimum.

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

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

ICU/CICU ward rounds

Requirement: Daily.

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

Unit meetings

Requirement: As required.

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

Brief case presentations

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

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

Resources

- [CTS progress report](#) (DOC)

Logbook

Requirements

1 x logbook that demonstrates completion of the minimum procedural requirements, to be maintained over the course of training.

The minimum procedural requirements are outlined in the [logbook template](#) (XLS). All completed procedures must be logged even after the minimum number has been reached.

Certification

A summary of procedure numbers is to be verified by the trainee's supervisor and submitted with every supervisor's report.

Deadlines

Due 15 October in the transition to fellowship phase.

Submit the logbook at the conclusion of training to cardiology@racp.edu.au (Australia) or cardiology@racp.org.nz (Aotearoa New Zealand).

Overview

Keeping a logbook ensures that trainees have adequate exposure to a range of clinical procedures and techniques in preparation for physician practice.

Trainees are to record and maintain a logbook with a mix of clinical procedures performed, including information about the level of supervision for each procedure.

The accuracy and currency of the logbook are of the utmost importance. Use the prescribed [logbook template](#) (XLS) and ensure the logbook is available for review at all times.

Supervisors will be required to confirm in their supervisor's reports that the trainee's logbook is a true and accurate record of their experience and that all training requirements have been fulfilled.

Resources

- [Cardiology logbook template](#) (XLS)

Research project

Requirements

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

Deadlines

- 31 March
- 15 June
- 15 September

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

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

Overview

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

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

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

Resources

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

Supplementary resources for **supervisors**:

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