

Education renewal

New program handbook – 2024 transition year

Advanced Training in Cardiology (Paediatrics & Child Health)



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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 (Paediatrics & Child Health) program in 2024.

This handbook should be used in conjunction with the Advanced Training in Cardiology (Paediatrics & Child Health) [curriculum standards](#).

2024 is a transition year that introduces components of the new Advanced Training in Cardiology (Paediatrics & Child Health) 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 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 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.
- an RACP-accredited clinical training position for core Advanced Training in RACP Paediatric 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 [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 (Paediatrics & Child Health) 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 (Paediatrics & Child Health) 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

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 patients¹, 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.

¹ References to patients in the remainder of this document may include their families or carers.

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

Progression criteria

2024
Training committees will make progression decisions based on satisfactory completion of requirements by the relevant published deadlines.
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 **18** 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 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
Do	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

		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>
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 (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	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 (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	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 (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	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 (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	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 (<i>shows how</i>)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (<i>does</i>)
	18. Genetic cardiac 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>)

*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.

Developmental & psychosocial training (Paediatrics & Child Health Division)

Developmental & psychosocial (D&P) training is currently a time-based requirement in the PREP training programs (Paediatrics & Child Health Division), consisting of a minimum of six months in one or more of the following areas:

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

The College is working to redefine how D&P training will be embedded in the new training programs, as trainees who enrol in the new programs will no longer be required to complete a time-based D&P requirement. This will include defining learning goals, and options for trainees to achieve these learning goals, which will be embedded into the Basic and Advanced Training programs.

New D&P requirements will be further developed in 2024 and any updates to curriculum standards and learning, teaching, and assessment programs will be included in the relevant curricula and program handbooks. Trainees and supervisors will be informed of updates with sufficient notice of any changes to ensure no disadvantage.

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 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 (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.

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 3 months.

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

- [Paediatric 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.

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

The below procedures are central to practice in paediatric cardiology and complex enough to warrant observation and feedback across a number of assessment domains.

Assessors are to apply this prescribed cardiology assessment guide with the standard DOPS process and rating form.

These specific observable behaviours are considered to be markers of satisfactory performance of the procedures. Rather than a set of definitive criteria, the behaviours should be considered as a guide to assist assessors in discriminating between different levels of rating.

For each criterion, trainees should be assessed on their ability to:

Criterion	Cardiac catheterisation	Echocardiology
1. Demonstrates understanding of indications, relevant anatomy, technique of procedure	Assesses the case, including identification of appropriateness and individual risks	Recognises normal and abnormal cardiac anatomy
2. Obtains informed consent	Explains the procedure, emphasises potential adverse effects prior to procedure and answers any patient questions	Explains the procedure, emphasises potential adverse effects prior to procedure and answers any patient questions
3. Demonstrates appropriate pre-procedure preparation	N/A	Selects and uses appropriate probe, machine and image settings to obtain and optimise image quality
4. Demonstrates patient and risk awareness	N/A	N/A
5. Aseptic technique	N/A	N/A
6. Technical ability / interpretation	Applies correct puncture technique, acquire images and reports on the study	Acquires images and interprets and correlates obtained data with the clinical problem
7. Seeks help where appropriate	Recognises their own limitations and seeks assistance	

8. Post-procedure management	Provides knowledgeable management of complications	Discusses the echocardiography findings with sonographers, patients and consultants
9. Communication skills	Speaks clearly at a patient-appropriate level, avoiding jargon	
10. Consideration for patient	Ensures that the patient is as comfortable as possible throughout the procedure and in the immediate post-procedure phase	

Resources

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

Supervisor's report

<p>Requirements</p> <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 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

6-month position or less (separate supervisors or separate sites)

- 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:
 - o all supervisors
 - o 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

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

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

- [Paediatric 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](#)