Updates made to the Advanced Training in Paediatric Cardiology Program Requirements Handbook for 2014

The Royal Australasian College of Physicians

College training programs
Paediatrics and child and adolescent psychiatry removed from the list of Joint Training Programs (This program is under review. Trainees currently in this training pathway are not impacted). RACP Fellowship training pathways diagram amended to clarify the training pathways currently available for trainees to enter and qualifications awarded.

Program requirements

Certification of training
This section heading changed from Annual Certification of Training.

Teaching and learning activities
Description of teaching and learning activities incorporated into this section. Learning Needs Analysis requirement for core training in New Zealand changed to two per year.

Assessments
Description of teaching and learning activities incorporated into this section. mini-Clinical Evaluation Exercise requirement for core training in New Zealand changed to two per year.

Other requirements
New Zealand trainees are now required to complete one published article and/or presentation over the course of training. Some components of the Mandatory Paediatric Requirements removed (for New Zealand Paediatrics & Child Health Division trainees only). Trainees are no longer required to complete the Community Child Health Services requirement (including Community Visits Diary) and Child Protection requirement (Doctors for Sexual Abuse Care course or equivalent).

Roles and responsibilities

College support for trainees
Information on trainee support processes removed (now available on College website).

Training policies and processes

Variations in training
Sections on part-time training and post-Fellowship training inserted.

Recognition of previously certified prior learning
This section heading changed from Retrospective Certification.

Additional sections of the handbook have been reformatted for ease of access to information and reworded to clarify and enhance content for trainees and supervisors.
Table of contents

Updates made to the Advanced Training in Paediatric Cardiology Program Requirements Handbook for 2014 .......................................................................................................................................................................................... 2

The PREP Advanced Training Program Requirements Handbook .......................................................................................................................... 5

The Royal Australasian College of Physicians ............................................................................................................................................................................ 6

College training programs ................................................................................................................................................................................................. 7

Principles of Physician Readiness for Expert Practice (PREP) Training ......................................................................................................................................... 9

Advanced Training in Paediatric Cardiology ..................................................................................................................................................................... 11

The specialty of paediatric cardiology .............................................................................................................................................................................. 11

Overview of Advanced Training in Paediatric Cardiology ........................................................................................................................................ 11

Competencies expected at the completion of training ............................................................................................................................................... 12

Overview of training requirements in Australia 2014 .................................................................................................................................................. 13

Important dates in Australia 2014 ....................................................................................................................................................................................... 14

Overview of training requirements in New Zealand 2014 ......................................................................................................................................... 15

Important dates in New Zealand 2014 .................................................................................................................................................................................... 16

Eligibility and entry into Advanced Training ............................................................................................................................................................... 17

Eligibility and entry requirements for Advanced Training .................................................................................................................................. 17

Selection into Advanced Training positions ............................................................................................................................................................... 17

Application for approval of Advanced Training Programs .................................................................................................................................. 17

Training fees ................................................................................................................................................................................................................................. 18

Curricula ............................................................................................................................................................................................................................. 19

Relevant curricula ......................................................................................................................................................................................................... 19

Use of curricula ......................................................................................................................................................................................................... 19

Program requirements ..................................................................................................................................................................................................... 20

Certification of training .................................................................................................................................................................................................. 20

Duration of training .................................................................................................................................................................................................... 20

Training rotations ........................................................................................................................................................................................................ 20

Teaching and learning activities .............................................................................................................................................................................. 21

Assessments .............................................................................................................................................................................................................. 23

Other requirements .................................................................................................................................................................................................. 29

Advanced Training Portal .................................................................................................................................................................................................. 32

Roles and responsibilities .................................................................................................................................................................................................. 33

Supervising committee .................................................................................................................................................................................................. 33

Advanced Training supervisors ...................................................................................................................................................................................... 34

Advanced Trainees ..................................................................................................................................................................................................... 35

College support for trainees .................................................................................................................................................................................................. 36

Accreditation of settings .................................................................................................................................................................................................. 39

Accredited settings for training .................................................................................................................................................................................................. 39
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of accredited settings</td>
<td>39</td>
</tr>
<tr>
<td>Variations in training settings</td>
<td>40</td>
</tr>
<tr>
<td><strong>Training policies and processes</strong></td>
<td>41</td>
</tr>
<tr>
<td>Education policies</td>
<td>41</td>
</tr>
<tr>
<td>Variations in training</td>
<td>43</td>
</tr>
<tr>
<td><strong>Fellowship</strong></td>
<td>45</td>
</tr>
<tr>
<td>Admission to Fellowship</td>
<td>45</td>
</tr>
<tr>
<td>Information for new Fellows</td>
<td>45</td>
</tr>
<tr>
<td><strong>Contact details</strong></td>
<td>46</td>
</tr>
<tr>
<td>Education Officers</td>
<td>46</td>
</tr>
<tr>
<td>Trainees’ Committees</td>
<td>46</td>
</tr>
<tr>
<td>Specialty society</td>
<td>46</td>
</tr>
</tbody>
</table>
The PREP Advanced Training Program Requirements Handbook

This handbook outlines the complete program requirements for the Royal Australasian College of Physicians (the College) Physician Readiness for Expert Practice (PREP) Advanced Training in Paediatric Cardiology Program.

Over the course of the training program, all trainees must carry out a variety of teaching and learning activities, assessments and other program requirements in consultation with their supervisors. Satisfactory completion of these requirements is a pre-requisite for admission to Fellowship of the College or completion of post Fellowship training.

This handbook includes information for both Australian and New Zealand based trainees and supervisors. Where not specified as being particular to either Australia or New Zealand, information applies to trainees and supervisors in both countries.

For trainees
This guide helps trainees satisfy the requirements for progressing through and completing this training program.

For supervisors
This handbook helps supervisors identify training program requirements and facilitate learning experiences for trainees under their supervision.

Related resources
In addition to this guide, trainees and supervisors should refer to the following:

- The Cardiology Advanced Training Curriculum and the Professional Qualities Curriculum; please see the Curricula section of this handbook
- The resources and tools provided on the Advanced Training Portal
- Education policies – these are a source of advice regarding the guidelines and procedures governing College training programs. For further information on current College education policies, please refer to the Training policies and processes section of this handbook or the College website
- Specialty web pages.

About this edition
This handbook applies to trainees registered in PREP Advanced Training in Paediatric Cardiology in either Australia or New Zealand in 2014. Program requirements as specified in the handbook apply to all PREP trainees, regardless of the year in which they commenced PREP Advanced Training. A trainee is considered to be in a PREP Advanced Training Program if they first enrolled in that program from 2011 onwards.

Advanced Training committees regularly evaluate their training requirements to ensure that they are in line with educational best practice, and requirements are published and communicated annually. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice. It is the responsibility of the trainee to ensure that they are following the correct guidelines.

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The Royal Australasian College of Physicians

The College is a diverse and energetic organisation responsible for training, educating and representing over 13,500 physicians and paediatricians in Australia and New Zealand.

The College is responsible for the training and assessment of doctors who have completed their medical degree and wish to practise as physicians or paediatricians in a specialised area of medicine.

The College is comprised of the following:

**Divisions**
The College has two Divisions:

- Adult Medicine Division
- Paediatrics & Child Health Division

Division Training Programs result in the qualification of Fellowship of the RACP (FRACP).

**Faculties**
The College has three Faculties:

- Australasian Faculty of Occupational & Environmental Medicine (AFOEM)
- Australasian Faculty of Public Health Medicine (AFPHM)
- Australasian Faculty of Rehabilitation Medicine (AFRM)

Faculty Training Programs result in the qualification of Fellowship of the relevant Faculty, e.g. FAFOEM.

**Chapters**
The Adult Medicine Division of the College has three Chapters that support groups of practitioners working in the areas listed below. There are three Chapters attached to the Adult Medicine Division:

- Australasian Chapter of Addiction Medicine (AChAM)
- Australasian Chapter of Palliative Medicine (AChPM)
- Australasian Chapter of Sexual Health Medicine (AChSHM)

Chapter Training Programs result in the qualification of Fellowship of the relevant Chapter, e.g. FACHAM.

The Chapter of Community Child Health is attached to the Paediatrics & Child Health Division; however, there is no Chapter training pathway for Community Child Health. Training in this specialty field is directly obtained through the Paediatrics & Child Health Division.

**Specialty societies**
Specialty societies are medical/scientific societies that bring together research and clinical scientists and physicians who are actively involved in the study of a particular specialty, e.g. cardiology, geriatric medicine.

Each society is run independently from the College. However, the College has formed partnerships with some specialty societies through the establishment of Specialty Training Committees (STCs) in Australia and Specialist Advisory Committees (SACs) in New Zealand for developing and supervising Advanced Training Programs for those specialty areas.

Training programs supervised by STCs and SACs result in the qualification of FRACP, and are attached to one of the Divisions.
College training programs

The College is an accredited provider of specialist medical education for doctors who wish to practise as physicians or paediatricians. College trainees have completed their medical degree and an internship at a hospital, and undertake further training through the College in order to specialise in a certain area of medicine.

The College offers Basic Training Programs under the following Divisions:

- Adult Medicine
- Paediatrics & Child Health

The College offers Advanced Training Programs in the following specialty fields:

**Division Training Programs**

- Cardiology
- Clinical genetics
- Clinical haematology
- Clinical immunology and allergy
- Clinical pharmacology
- Community child health
- Dermatology (New Zealand only)
- Endocrinology
- Gastroenterology
- General and acute care medicine
- General paediatrics
- Geriatric medicine
- Infectious diseases
- Medical oncology
- Neonatal/perinatal medicine
- Nephrology
- Neurology
- Nuclear medicine
- Palliative medicine
- Respiratory medicine
- Rheumatology
- Sleep medicine

**Faculty Training Programs**

- Occupational and environmental medicine
- Public health medicine
- Rehabilitation medicine

**Chapter Training Programs**

- Addiction medicine
- Palliative medicine
- Sexual health medicine

**Joint Training Programs**

The College also offers Joint Advanced Training between the Divisions and the following Colleges and Faculty:

- The Australasian College for Emergency Medicine (ACEM)
  - Paediatric emergency medicine
- The Royal College of Pathologists of Australasia (RCPA)
  - Endocrinology and chemical pathology
  - Haematology
  - Immunology/allergy
  - Infectious diseases and microbiology
- The Australasian Faculty of Rehabilitation Medicine (AFRM)
  - Paediatric rehabilitation medicine

Entry eligibility, duration of training, program requirements and resulting qualifications for these programs can vary. For specific information on any of the College’s training programs, please refer to the Program requirements section of the relevant PREP Program Requirements Handbook.
Diagram 1 – RACP Fellowship training pathways

Diagram 1 depicts the relationship between the various College training programs that lead to Fellowship and reinforces the link between initial medical training, post-graduate workplace experience, Basic/Advanced/Faculty/Chapter Training and continuing professional development.

For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

NB: Diagram 1 only depicts training programs that lead to Fellowship. Please see the College website for additional RACP training programs.
Principles of Physician Readiness for Expert Practice (PREP) Training

The PREP Program is a comprehensive system of education incorporating Basic Training, Advanced Training and continuing professional development (CPD).

Trainees and Fellows are supported throughout the process of lifelong learning by a range of learning strategies and tools.

The key principles of the PREP training philosophy are:

- **Supportive learning environment** – trainees are provided with a supportive educational framework that will guide them through a defined learning pathway.
- **Trainee-centred, physician-led approach** – supervisors aim to foster a learning culture within each healthcare setting which allows trainees to tailor learning experiences to meet their individual needs.
- **Reflective practice** – through enquiry and personal reflection, trainees develop skills for reflective practice necessary for continuous learning and professional practice.

*Diagram 2 – The PREP framework*
The PREP framework, as illustrated in Diagram 2, is made up of various elements, including:

- **Curricula** – a curriculum specific to each training program outlines the broad concepts and learning objectives related to that program, and the Professional Qualities Curriculum explains the non-clinical knowledge, skills, attitudes and behaviours that all trainees and Fellows need to develop or have as part of their practice.

- **Program requirements** – program requirements are the mandatory components of a training program that a trainee must complete in order to progress through training. They specify the required formative and summative assessments, teaching and learning activities, type and duration of training rotations/runs, course work, and other requirements such as the minimum duration of training.

- **Accreditation of settings** – the process of evaluating the suitability and capability of a training setting to deliver a College training program.

- **eLearning environment (Portals)** – both trainees and supervisors are supported by the eLearning environment, which provides easy access to relevant information, online learning tools and resources for each component of the PREP Program.

- **Teaching and learning tools** – these are designed to support reflective practice and self-directed learning. These tools cater to a range of learning needs, styles and situations that may arise in workplace training.

- **Assessments** – there are both formative and summative assessments within each program. Formative assessments are carried out as workplace-based assessments and do not require a pass. They provide a means for trainees to gain feedback and plan for future learning. Summative assessments require a pass for trainees to progress through the program.

- **Supervision** – supervisors contribute significantly to a trainee’s learning process by planning and facilitating the trainee’s learning path, facilitating effective teaching and learning opportunities, and providing comprehensive and timely feedback on the trainee’s progress and achievement of the curricula learning objectives.

- **Certification of training** – certification of training is the process of verifying that a trainee has met the program requirements for annual progression and completion of training.

- **Evaluation** – continually informs the development of the PREP Program. The College engages in regular, systemic evaluation of trainees' satisfaction with training, learning experiences, quality and amount of supervision, professional support and career development.
Advanced Training in Paediatric Cardiology

The specialty of paediatric cardiology

Paediatric cardiologists are specialty paediatricians, with expertise in the diagnosis and management of congenital and acquired cardiac disorders and multisystem disorders. They are able to coordinate patient care, and work within multidisciplinary teams to optimise health outcomes for individuals and groups. The paediatric cardiologist has a breadth of expertise. This extends across acute hospital to ambulatory settings. The paediatric cardiologist manages patients in contexts which meet their care needs. Notable rewards include the privilege of being able to offer ‘secondary’ care to the same person at different times for different conditions, and provide family-centred care. Many of the clinical scenarios faced by paediatric cardiologists require a high level biopsychosocial approach.

Paediatric cardiologists ensure the delivery of efficient, cost-effective and safe care for the community, and contribute to workforce development as leaders in medical education and health policy.

A paediatric cardiologist may work either in a salaried hospital and/or private medical practice. Many paediatric cardiologists choose to have the ‘best of both worlds’. Paediatric cardiologists practise in metropolitan tertiary teaching hospitals, but also provide outreach consulting services to regional and rural centres. In Australasia, paediatric cardiologists only see referred patients. In addition to patients referred from primary care, paediatric cardiologists are referred patients with acute or chronic problems from other paediatricians, where the cardiac pathology remains undefined, complex or multisystem in nature.

Academic and research opportunities also exist within paediatric cardiology, particularly in the areas of clinical epidemiology and health systems performance.

Overview of Advanced Training in Paediatric Cardiology

The program requirements for Advanced Training in Paediatric Cardiology are summarised below. For further details, please refer to the Program requirements section of this handbook.

Pre-requisites

- Completion of a Division Basic Training Program, including successful completion of the College’s Divisional Written and Clinical Examinations
- Current medical registration

Duration

- 36 months (full-time equivalent)

Structure and content

- 36 months in core training settings

The required content of this training program is defined by the learning objectives outlined in the Paediatric Cardiology Advanced Training Curriculum and the Professional Qualities Curriculum.
Supervision

Australia
For each training rotation, trainees are required to nominate:
• two supervisors with FRACP

New Zealand
For each training rotation, trainees are required to nominate:
• one supervisor with FRACP
• a second supervisor who may or may not have FRACP

Qualification
• FRACP

Competencies expected at the completion of training

By the completion of Advanced Training in Paediatric Cardiology, it is expected that a new Fellow will have developed the knowledge and skills as outlined in the Paediatric Cardiology Advanced Training Curriculum and the Professional Qualities Curriculum.

In summary, it is expected that a new Fellow will be able to:
• undertake timely, comprehensive and systematic clinical assessments of congenital and acquired heart disease
• efficiently formulate diagnoses and management plans in partnership with patients and families
• provide a learned, comprehensive, rational, evidence-based consultant opinion
• prioritise care according to clinical circumstances and treatment goals
• care for patients and their families from the antenatal period, through the postnatal period and childhood adolescent
• care for a diversity of patients with multiple problems
• care for acute and chronic undifferentiated illnesses and well-defined clinical syndromes
• show willingness and capability to manage a diverse spectrum of clinical problems and patient case mix in clinical settings
• demonstrate rational, cost-effective and appropriate use of interventions, investigations and medication
• competently perform procedures according to current and future practice settings, patient needs, and credential requirements
• manage patients in spite of clinical uncertainty
• identify his/her limits to knowledge, and seek additional knowledge and skills
• respect and operate under the principles of patient autonomy, welfare and social justice
• demonstrate professional competence and honesty in dealing with others.
Overview of training requirements in Australia 2014

<table>
<thead>
<tr>
<th>Core training (36 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
</tr>
<tr>
<td>• Paediatric Cardiology Advanced Training Curriculum</td>
</tr>
<tr>
<td>• Professional Qualities Curriculum</td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
</tr>
<tr>
<td>Per year:</td>
</tr>
<tr>
<td>• 2 supervisors with FRACP (required)</td>
</tr>
<tr>
<td><strong>Teaching and learning requirements</strong></td>
</tr>
<tr>
<td>Per year:</td>
</tr>
<tr>
<td>• 2 Learning Needs Analysis</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
</tr>
<tr>
<td>Per rotation:</td>
</tr>
<tr>
<td>• 1 Final Supervisor’s Report</td>
</tr>
<tr>
<td>Per year:</td>
</tr>
<tr>
<td>• 1 Mid-Year Progress Report (for 12-month rotations)</td>
</tr>
<tr>
<td>• 2 Case-based Discussion</td>
</tr>
<tr>
<td>• 2 mini-Clinical Evaluation Exercise</td>
</tr>
</tbody>
</table>

By the end of Advanced Training:
36 months of certified training time consisting of:
• 36 months of core training
• 1 logbook documenting completion of required procedures
• 1 published article and/or presentation
• 2 Quality assurance/Audits
• 6 months of Developmental and Psychosocial training
### Important dates in Australia 2014

#### January – March

**15 February**
- Applications for Approval of Advanced Training due

*Other activities to be completed this quarter*
- Learning Needs Analysis
- Case-based Discussion

#### April – June

*Activities to be completed this quarter*
- Mini-Clinical Evaluation Exercise
- Learning Needs Analysis self-evaluation

#### July – September

**15 July**
- Mid-Year Progress Report for trainees in 12-month positions due
- Final Supervisor’s Report for trainees in less than 12-month positions due

**31 August**
- Applications for Approval of Advanced Training for the second half of the year due

*Other activities to be completed this quarter*
- Learning Needs Analysis
- Case-based Discussion

#### October – December

**15 October**
- Final Supervisor’s Report due for trainees who are eligible for December 2014 Fellowship

*Other activities to be completed this quarter*
- Mini-Clinical Evaluation Exercise
- Learning Needs Analysis self-evaluation

#### January 2015

**31 January**
- 2014 Final Supervisor’s Report due for trainees not applying for Fellowship in December 2014

Please refer to the *Eligibility and entry into Advanced Training* and the *Program requirements* sections of this handbook for further information.
Overview of training requirements in New Zealand 2014

<table>
<thead>
<tr>
<th>Core training (36 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
</tr>
<tr>
<td>• Paediatric Cardiology Advanced Training Curriculum</td>
</tr>
<tr>
<td>• Professional Qualities Curriculum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per year:</td>
</tr>
<tr>
<td>• 1 supervisor with FRACP</td>
</tr>
<tr>
<td>• Another supervisor who may or may not have FRACP</td>
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<table>
<thead>
<tr>
<th>Teaching and learning requirements</th>
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<tbody>
<tr>
<td>Per year:</td>
</tr>
<tr>
<td>• 2 Learning Needs Analysis</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Assessment</th>
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</thead>
<tbody>
<tr>
<td>Per rotation:</td>
</tr>
<tr>
<td>• 1 Final Supervisor’s Report</td>
</tr>
<tr>
<td>• 1 Trainee’s Report</td>
</tr>
<tr>
<td>Per year:</td>
</tr>
<tr>
<td>• 1 Interim Report (for 12-month rotations)</td>
</tr>
<tr>
<td>• 2 Case-based Discussion</td>
</tr>
<tr>
<td>• 2 mini-Clinical Evaluation Exercise</td>
</tr>
</tbody>
</table>

By the end of Advanced Training:
36 months of certified training time consisting of:
• 36 months of core training
• 1 logbook documenting completion of required procedures
• 1 published article and/or presentation
• 2 Quality assurance/Audits
• Mandatory Paediatric Requirements
Important dates in New Zealand 2014

December 2013 – February 2014

Activities to be completed this quarter
- Learning Needs Analysis
- Mini-Clinical Evaluation Exercise

March – May

31 March
- Applications for Approval of Advanced Training for April–August rotations due
31 May
- Applications for Approval of Advanced Training for the second half of the year due
- Final Supervisor's Report for rotations completed in the first half of the year due
- Interim Report for 12-month rotations due
- Trainee's Report for the first half of the year due

Other activities to be completed this quarter
- Case-based Discussion
- Learning Needs Analysis self-evaluation

June – August

Activities to be completed this quarter
- Learning Needs Analysis
- Mini-Clinical Evaluation Exercise

September – November

31 October
- Final Supervisor's Report for the second half of the year, or the whole year, due
- Trainee's Report for the second half of the year, or the whole year, due
- Applications for Approval of Advanced Training for the first half or whole of 2014 due

Other activities to be completed this quarter
- Case-based Discussion
- Learning Needs Analysis self-evaluation

These dates refer to two six-month rotations only. Rotations of different duration may require completion of requirements on a pro-rata basis. Please refer to the Eligibility and entry into Advanced Training and the Program requirements sections of this handbook for further information.
Eligibility and entry into Advanced Training

Eligibility and entry requirements for Advanced Training

Trainees may commence an Advanced Training Program following their satisfactory completion of Basic Training requirements, including success in the Divisional Written and Clinical Examinations, and appointment to an accredited Advanced Training position.

For further information about the accreditation of training settings, please refer to the Accreditation of settings section of this handbook.

Selection into Advanced Training positions

Australia
Candidates must secure an Advanced Training position at a suitable training site. Core training usually needs to be undertaken at training sites accredited by the College for Advanced Training in the relevant specialty.

Please note that the College is not responsible for trainee recruitment and has no role in the recruitment process.

Once trainees have secured a training position, they must apply for the approval of their training in accordance with the due dates detailed in Table 1 and Table 2 overleaf.

New Zealand
Trainees must apply for a recognised training position in an accredited hospital. Trainees must also apply for prospective approval of an Advanced Training Program to the training committee via the Education Officer, please refer to the Contact details section of this handbook.

Application for approval of Advanced Training Programs

Once a trainee has secured an accredited training position, they must prospectively apply to the committee for approval by completing an application for approval of Advanced Training to the STC/NZSAC in Cardiology and submit it to the College by the relevant date (see Table 1 and Table 2). Applications can be made online via the College website (Australian trainees) or via submission of a hardcopy application form (New Zealand trainees). It is the trainee’s responsibility to organise the timely submission of all necessary documentation.

Trainees and supervisors must each keep a copy of the application for future reference.

Following application, the Committee will consider the application and decide if the training period is approved. This decision will then be communicated to the trainee via the Advanced Training Portal. Upon approval of training, trainees will be prompted to pay their training fees.

It is also the trainee’s responsibility to read and sign the Statement of Responsibilities in Advanced Training at the beginning of each term of training and keep it as a personal record. It should not be returned to the College.

Trainees should refer to the Progression Through Training Policy on the College website for further information on applying for approval of Advanced Training.
Deadlines for submission of applications for approval of Advanced Training

The closing dates for submission of applications can be found in the tables below. Training may not be approved if applications are received after the applicable deadlines.

NB: It is the trainee’s responsibility to organise the timely submission of all necessary and complete documentation. Applications will not be considered complete without all required information and approval by supervisors.

Table 1 – Closing dates for applications in Australia

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 February</td>
<td>Closing date for applications for prospective approval of rotations in the current year</td>
</tr>
<tr>
<td>31 August</td>
<td>Closing date for applications for prospective approval of rotations in the second half of the current year</td>
</tr>
</tbody>
</table>

Table 2 – Closing dates for applications in New Zealand

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 March</td>
<td>Closing date for applications for prospective approval of April–August rotations</td>
</tr>
<tr>
<td>31 May</td>
<td>Closing date for applications for prospective approval of rotations in the second half of the current year</td>
</tr>
<tr>
<td>31 October</td>
<td>Closing date for applications for prospective approval of rotations in the first half or whole of the following year</td>
</tr>
</tbody>
</table>

Training fees

Training fees contribute to funding essential services including:

- eLearning materials
- accreditation of training settings
- approval, review and certification of training
- regular review and monitoring of program requirements
- training portals for recording educational activities
- new forms of workplace-based assessment
- the provision of support for trainees and supervisors, including onsite support
- facilitation of trainee and supervisor input into the development and evaluation of the College’s training programs
- development of education policies
- training and other resources for supervisors.

A schedule of current training fees can be found on the [College website](http://www.collegewebsite.com).


Curricula

Relevant curricula

The Paediatric Cardiology Advanced Training Curriculum outlines the broad concepts, theoretical knowledge, learning objectives, clinical skills, attitudes and behaviours required and commonly utilised by paediatric cardiologists within Australia and New Zealand.

The Professional Qualities Curriculum outlines the range of concepts and specific learning objectives required and utilised by all physicians and paediatricians, regardless of their specialty or area of expertise. It spans both the Basic Training and Advanced Training Programs, and is a key component of the Continuing Professional Development Program.

Together with the various PREP Basic Training and Advanced Training curricula, the Professional Qualities Curriculum integrates and fully encompasses the diagnostic, clinical, and educational aspects of the physician's/paediatrician's daily practice.

The Paediatric Cardiology Advanced Training Curriculum and the Professional Qualities Curriculum can both be found on the College website.

Use of curricula

The Paediatric Cardiology Advanced Training Curriculum can help Advanced Trainees to:

- clarify expectations of their training outcomes, by clearly identifying the knowledge, skills and experiences they should acquire during training
- assess their progress, set their learning goals and evaluate the suitability of their training experiences
- demonstrate the knowledge and skills they have acquired during a training term
- identify the areas of knowledge and skill that require further development.

Reading the curriculum will help Advanced Trainees to gauge what skills and attributes are required in their chosen specialty. It may also help guide their future learning in terms of the experiences and jobs they will need to plan for in order to meet the training requirements.

Both the Paediatric Cardiology Advanced Training Curriculum and the Professional Qualities Curriculum are linked to the Learning Needs Analysis. This online tool is particularly helpful when determining the learning opportunities that may be available for a given term. It can also facilitate discussions between an Advanced Trainee and their supervisor, by allowing a trainee to identify particular skills and procedures that they would like to learn as they start their training rotation. Furthermore, it will allow trainees to review their progress on their learning plans at the end of each rotation. For further information please refer to the Program requirements section of this handbook.
Program requirements

Program requirements are the components of a training program that a trainee must complete in order to progress through training. Mandatory program requirements are linked to certification of training, both annually and in determining completion of training.

Program requirements are made up of formative and summative assessments; teaching and learning activities; the type and duration of clinical rotations; course work; and other requirements, such as the minimum duration of training.

Advanced Training committees regularly evaluate their training requirements to ensure that they are in line with educational best practice. Requirements are published and communicated annually. Changes to the training program that may substantially impact a trainee’s plan for training will be implemented following an extended period of notice. It is the responsibility of the trainee to ensure that they are following the correct requirements.

Certification of training

For details regarding certification of and progression through training, please refer to the Progression Through Training Policy, available on the College website.

Upon completion of each rotation or calendar year of training, the STC/NZSAC considers each trainee’s progress according to yearly requirements. If all requirements have been satisfactorily completed, the STC/NZSAC will certify the period of training. The eligible period of training considered for certification is usually based upon the period of training which was prospectively approved by the Committee at the commencement of the training period.

Duration of training

Trainees are required to complete 36 months of Advanced Training in Paediatric Cardiology in a core training position as accredited by the STC/NZSAC in Cardiology.

At least 24 months of Advanced Training in Paediatric Cardiology must be undertaken in Australia and/or New Zealand.

Training rotations

Core training rotations

A minimum of 36 months full-time equivalent (FTE) must be spent in accredited core clinical training positions under the supervision of a Fellow of the College.

For further information about the required supervision during training, please refer to Roles and responsibilities, and for further information on accredited settings for training, please refer to Accreditation of settings.
Teaching and learning activities

PREP teaching and learning activities are designed to support reflective practice and self-directed learning. A variety of teaching and learning activities are used throughout PREP training. These activities cater to a range of learning needs, styles and situations that may arise in workplace training, and aim to facilitate learning and enhance the attainment of desired learning outcomes.

For Advanced Training in Paediatric Cardiology in 2014, trainees are required to complete the following teaching and learning activities:

**Australia and New Zealand**
- Learning Needs Analysis (two per year)
- Logbook of procedures (one over the course of Advanced Training).

**Description of teaching and learning activities**

<table>
<thead>
<tr>
<th>Learning Needs Analysis</th>
<th>Frequency</th>
<th>Timing</th>
<th>Deadline for completion</th>
<th>Training type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Australia:</strong> Two per year</td>
<td><strong>Australia:</strong> One per six months training period, early in the rotation</td>
<td><strong>Australia:</strong> 31 January 2015</td>
<td>Core training</td>
<td>A Learning Needs Analysis involves the trainee creating a learning plan that outlines their learning objectives and goals for their current rotation. Trainees must refer to this throughout their rotation. At the conclusion of each training rotation, the trainee must evaluate their learning plan to determine whether they have achieved their desired goals, and identify additional areas to focus on in the future. The Learning Needs Analysis tool is linked to both the Paediatric Cardiology Advanced Training Curriculum and the Professional Qualities Curriculum to allow trainees to use the learning objectives determined within these curricula as a basis for their learning plan. The Learning Needs Analysis is accessed via the <a href="#">Advanced Training Portal</a>.</td>
</tr>
<tr>
<td></td>
<td><strong>New Zealand:</strong> Two per year</td>
<td><strong>New Zealand:</strong> One per six months training period, early in the rotation</td>
<td><strong>New Zealand:</strong> By end of training rotation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Information and training resources**

- Learning Needs Analysis information sheet
- Learning Needs Analysis workflow
- Learning Needs Analysis worked example
- Learning Needs Analysis policy
**Logbook of procedures**

**Frequency**
One over the course of training

**Timing**
Kept and update regularly throughout training

**Deadline for completion**
Submitted with each Supervisor’s Report

**Description**
All trainees must maintain a logbook of clinical procedures performed, including information about the level of supervision for each procedure. The accuracy and currency of the logbook is of the utmost importance. The logbook must be maintained on the prescribed forms and be available at all times for review as needed by the STC/NZSAC. Supervisors are required to confirm in their reports that the logbook is a true and accurate record of trainees’ experience and that all training requirements have been fulfilled.

A template for the logbook is available from the cardiology homepage (see web link below).

<table>
<thead>
<tr>
<th>Procedure / activity</th>
<th>Minimum number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adenosine challenge</strong>: perform an adenosine challenge</td>
<td>10 cases</td>
</tr>
<tr>
<td><strong>Ambulatory care</strong>: manage patients in an ambulatory care (outpatient) setting under supervision</td>
<td>200 patients</td>
</tr>
<tr>
<td><strong>Balloon atrial septostomy</strong>: perform balloon atrial septostomy cases under supervision and demonstrate competency as an independent operator</td>
<td>5 cases</td>
</tr>
<tr>
<td><strong>Cardiac catheterisation</strong>: perform and report cardiac catheterisation and haemodynamics</td>
<td>100 cases</td>
</tr>
<tr>
<td><strong>Cardiac catheterisation</strong>: perform and report cardiac catheterisation as primary operator (included in total requirement of 100 cases)</td>
<td>20 cases</td>
</tr>
<tr>
<td><strong>Direct current cardioversion</strong>: perform direct current cardioversion</td>
<td>5 cases</td>
</tr>
<tr>
<td><strong>Echocardiograms</strong>: fetal echocardiograms (observation and associated counselling)</td>
<td>20 studies</td>
</tr>
<tr>
<td><strong>Echocardiograms</strong>: transoesophageal echocardiograms</td>
<td></td>
</tr>
<tr>
<td>• 25 studies as a primary operator</td>
<td></td>
</tr>
<tr>
<td>• All studies should be reviewed and have finalised consultant reports</td>
<td></td>
</tr>
<tr>
<td><strong>Echocardiograms</strong>: transthoracic echocardiograms</td>
<td>600 cases</td>
</tr>
<tr>
<td>• 300 under supervision of paediatric echocardiographer/cardiologist</td>
<td></td>
</tr>
<tr>
<td>• At least 500 on patients with cardiac pathology</td>
<td></td>
</tr>
<tr>
<td>• All studies should be reviewed and have finalised consultant reports</td>
<td></td>
</tr>
<tr>
<td><strong>Electrocardiograms</strong>: interpret and report electrocardiograms on both inpatients and outpatients</td>
<td></td>
</tr>
<tr>
<td><strong>Electrophysiology</strong>: participate in clinical decision making for electrophysiology study/ablation procedure, including observation of procedures and interpretation of reports</td>
<td>10 cases</td>
</tr>
<tr>
<td><strong>Exercise tests</strong>: supervise and report exercise tests</td>
<td>50 cases</td>
</tr>
<tr>
<td><strong>Holter monitor</strong>: supervise and report Holter monitor</td>
<td>50 cases</td>
</tr>
<tr>
<td><strong>Imaging</strong>: interpret chest x-rays</td>
<td></td>
</tr>
<tr>
<td><strong>Imaging</strong>: interpret results of cardiac MRI, thoracic CT and radionuclide imaging</td>
<td>10 (in total)</td>
</tr>
<tr>
<td><strong>Pacemaker</strong>: observe pacemaker implantation</td>
<td>5 cases</td>
</tr>
<tr>
<td><strong>Pacemaker</strong>: participate in testing permanent pacemaker function</td>
<td>20 cases</td>
</tr>
<tr>
<td><strong>Pacemaker</strong>: perform pacemaker testing</td>
<td>20 cases</td>
</tr>
<tr>
<td><strong>Pericardial aspiration</strong>: perform pericardial aspiration under supervision and demonstrate competency as an independent operator</td>
<td>3–5 cases</td>
</tr>
</tbody>
</table>
Assessments

Advanced Trainees in Paediatric Cardiology are required to complete both formative and summative assessments during each year of training.

Formative assessments provide a means for trainees to gain feedback and inform their future learning, whilst completion of summative assessments is necessary for trainees to progress to the next stage of training. The workplace-based formative assessments for PREP Advanced Training have been selected in relation to educational best practice, and in the interest of achieving consistency across all College education programs.

For Advanced Training in Paediatric Cardiology in 2014, trainees are required to complete the following assessments:

**Australia**

Formative assessments:

- Case-based Discussion (two per year)
- Mini-Clinical Evaluation Exercise (two per year)
- Mid-Year Progress Report (one per 12-month rotation)

Summative assessments:

- Final Supervisor’s Report (one per rotation)

**New Zealand**

Formative assessments:

- Case-based Discussion (two per year)
- Mini-Clinical Evaluation Exercise (two per year)
- Interim Report (one per 12-month rotation)

Summative assessments:

- Final Supervisor’s Report (one per rotation)
- Trainee’s Report (one per rotation)
Description of formative assessments

<table>
<thead>
<tr>
<th>Case-based Discussion</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
</tr>
<tr>
<td>Australia: Two per year</td>
<td></td>
</tr>
<tr>
<td>New Zealand: Two per year</td>
<td></td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td></td>
</tr>
<tr>
<td>Australia: Any time during the year</td>
<td></td>
</tr>
<tr>
<td>New Zealand: One per six months training period, later in the rotation</td>
<td></td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
<td></td>
</tr>
<tr>
<td>Australia: 31 January 2015</td>
<td></td>
</tr>
<tr>
<td>New Zealand: By end of training rotation</td>
<td></td>
</tr>
<tr>
<td><strong>Training type</strong></td>
<td>Core training</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>A Case-based Discussion encounter involves a comprehensive review of a clinical case (or cases) between an Advanced Trainee and an assessor. The encounter evaluates the level of professional expertise and judgement exercised in clinical cases by a trainee. A Case-based Discussion encounter takes approximately 30 minutes, including feedback. The trainee is given feedback from the assessor across a range of areas relating to clinical knowledge, clinical decision making and patient management. The trainee must enter the data from the completed RACP Case-based Discussion rating form into the <a href="#">Advanced Training Portal</a> as part of their record of training.</td>
</tr>
<tr>
<td><strong>Information and training resources</strong></td>
<td></td>
</tr>
<tr>
<td>Case-based Discussion information sheet</td>
<td></td>
</tr>
<tr>
<td>Case-based Discussion workflow</td>
<td></td>
</tr>
<tr>
<td>Case-based Discussion web tutorial</td>
<td></td>
</tr>
<tr>
<td>Case-based Discussion Policy</td>
<td></td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
</tr>
<tr>
<td><em>Australia:</em> Two per year</td>
<td></td>
</tr>
<tr>
<td><em>New Zealand:</em> Two per year</td>
<td></td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td></td>
</tr>
<tr>
<td><em>Australia:</em> Any time during the year</td>
<td></td>
</tr>
<tr>
<td><em>New Zealand:</em> One per six months training period, any time during the rotation</td>
<td></td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
<td></td>
</tr>
<tr>
<td><em>Australia:</em> 31 January 2015</td>
<td></td>
</tr>
<tr>
<td><em>New Zealand:</em> By end of training rotation</td>
<td></td>
</tr>
<tr>
<td><strong>Training type</strong></td>
<td></td>
</tr>
<tr>
<td>Core training</td>
<td></td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td></td>
</tr>
<tr>
<td>The aim of the mini-Clinical Evaluation Exercise encounter is to evaluate the performance of the trainee in real clinical situations. Various skills are assessed during the patient consultation, including medical interviewing, physical examination, professional qualities, counselling skills, clinical judgement, organisation and efficiency. A mini-Clinical Evaluation Exercise encounter takes approximately 30 minutes, including a 10–15 minute feedback session. The trainee receives feedback across a range of areas relating to professional qualities and clinical competency from an assessor immediately after the observation. Through being observed undertaking a number of cases over a period of time, with a number of different assessors, these individual, brief encounters add up to provide a reliable measure of a trainee’s performance. The trainee must enter the data from the completed RACP mini-Clinical Evaluation Exercise rating form into the Advanced Training Portal as part of their record of training.</td>
<td></td>
</tr>
<tr>
<td><strong>Information and training resources</strong></td>
<td></td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise information sheet</td>
<td></td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise rating form</td>
<td></td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise workflow</td>
<td></td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise Policy</td>
<td></td>
</tr>
<tr>
<td><strong>Mid-Year Progress Report (Australia)</strong></td>
<td><strong>Interim Report (New Zealand)</strong></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
</tr>
<tr>
<td>One per 12-month rotation</td>
<td></td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td></td>
</tr>
<tr>
<td>Completed mid-rotation</td>
<td></td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Australia</strong>: 15 July 2014</td>
<td><strong>New Zealand</strong>: 31 May 2014</td>
</tr>
<tr>
<td><strong>Training type</strong></td>
<td></td>
</tr>
<tr>
<td>Core training</td>
<td></td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td></td>
</tr>
<tr>
<td>The Mid-Year Progress Report in Australia and Interim Report in New Zealand are formative assessments of the first half of a trainee’s year of training during 12-month positions, completed by the trainee’s supervisor(s).</td>
<td></td>
</tr>
<tr>
<td>If the trainee’s supervisor has not directly supervised the trainee throughout the first half of the year, they should obtain individual reports from those who have directly supervised the trainee, and provide a composite report.</td>
<td></td>
</tr>
<tr>
<td>Supervisors should discuss the report with the trainee prior to both parties signing the report, and trainees should be provided with a copy of each report submitted to the College. The College retains the right to provide subsequent supervisors with copies of past reports.</td>
<td></td>
</tr>
<tr>
<td><strong>Australia</strong></td>
<td></td>
</tr>
<tr>
<td>A Mid-Year Progress Report needs to be completed for Advanced Trainees in Australia in 12-month positions and submitted to the College by 15 July.</td>
<td></td>
</tr>
<tr>
<td>Advanced Trainees in positions of six months or less with separate supervisors, or at separate sites, do not require a Mid-Year Progress Report – a Final Supervisor’s Report should be completed for each rotation.</td>
<td></td>
</tr>
<tr>
<td><strong>New Zealand</strong></td>
<td></td>
</tr>
<tr>
<td>An Interim Report needs to be completed for Advanced Trainees in New Zealand in 12-month positions.</td>
<td></td>
</tr>
<tr>
<td>College staff will email the supervisor of a trainee in a 12-month position requesting an Interim Report detailing the trainee’s progress throughout the first half of the year. A return email of the supervisor’s comments regarding this period of training is acceptable. This Report should be emailed to the Education Officer to the NZSAC by 31 May.</td>
<td></td>
</tr>
<tr>
<td>Advanced Trainees in three-, four- or six-month positions do not require an Interim Report – a Final Supervisor’s Report should be completed for each rotation.</td>
<td></td>
</tr>
<tr>
<td><strong>Information and training resources</strong></td>
<td></td>
</tr>
<tr>
<td>[Mid-Year Progress Report (Australia)]</td>
<td></td>
</tr>
</tbody>
</table>
Description of summative assessments

<table>
<thead>
<tr>
<th>Final Supervisor’s Report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><em>Australia:</em> One per rotation</td>
</tr>
<tr>
<td><em>New Zealand:</em> One per rotation</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td>See below</td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
</tr>
<tr>
<td>See below</td>
</tr>
<tr>
<td><strong>Training type</strong></td>
</tr>
<tr>
<td>Core training</td>
</tr>
</tbody>
</table>

**Description**

The Final Supervisor’s Report is a summative assessment of the trainee’s period of training completed by their supervisor(s).

If the supervisor has not directly supervised the trainee throughout the whole rotation, the supervisor should obtain individual reports from those who have directly supervised the trainee, and provide a composite report.

Supervisors should discuss the report with the trainee prior to both parties signing the report, and trainees should be provided with a copy of each report submitted to the STC/NZSAC.

Progression to the next year of training cannot occur until a Final Supervisor’s Report has been received and assessed as satisfactory by the STC/NZSAC in Cardiology.

It is the trainee’s responsibility to pass copies of previous Supervisor’s Report on to the next year’s/rotation’s supervisor. The College may provide subsequent supervisors with copies of past reports (and any other documents deemed relevant to the trainee’s training).

Trainees should refer to the *Progression Through Training Policy* on the [College website](#) for further detail.

**Australia**

For Advanced Trainees in 12-month positions:

- a Final Supervisor’s Report is to be submitted to the College by 31 January of the following year.

For Advanced Trainees in positions of six months or less with separate supervisors, or at separate sites:

- a Final Supervisor’s Report should be completed for each rotation and submitted to the College by 15 July (for first half of the year) and 31 January the following year (for the second half of the year).

For Advanced Trainees in their final year:

- a Final Supervisor’s Report is to be submitted to the College 15 October.

**New Zealand**

For Advanced Trainees in 12-month positions:

- an Interim Report must be submitted to the College by 31 May

- a Final Supervisor’s Report must be submitted to the College by 31 October.

For Advanced Trainees in three-, four- or six-month positions:

- a Final Supervisor’s Report must be completed for each rotation and submitted to the College by 31 May (for rotations in the first half of the year) and 31 October (for rotations in the second half of the year).

**Information and training resources**

- [Final Supervisor’s Report (Australia)](#)
- [Final Supervisor’s Report (New Zealand)](#)
<table>
<thead>
<tr>
<th>Trainee’s Report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><em>Australia:</em> Not required</td>
</tr>
<tr>
<td><em>New Zealand:</em> One per rotation</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td><em>New Zealand:</em> Submitted with the Supervisor’s Report at the end of each rotation</td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
</tr>
<tr>
<td><em>New Zealand:</em> Due to the College by 31 May/31 October</td>
</tr>
<tr>
<td><strong>Training type</strong></td>
</tr>
<tr>
<td>Core training</td>
</tr>
</tbody>
</table>

**Description**

This is a requirement for trainees in New Zealand only.

Prior to completing their (three-, four-, six- or 12-month) rotations, all Advanced Trainees are required to prepare an account of their rotation. This Trainee’s Report is forwarded together with their Supervisor’s Report to the NZSAC. These two reports provide the principal basis upon which certification of the training program is determined.

The Trainee’s Report should outline the experience they gained during the rotation, under the following headings:

- Clinical responsibilities
- Teaching
- Education program
- Research, publications, formal presentations
- Diagnostic techniques
- Other relevant information

This report should be a reflection of the learning experience and not simply a list of training activities.

When writing the report, the trainee should refer to the program requirements (as laid out in the handbook) and ensure that the report includes enough detail of the learning experience for the NZSAC to determine the suitability of the trainee’s experience. It should be noted that final certification for Fellowship may be delayed unless the NZSAC is satisfied that all of the requirements for the training program have been adequately met.

The Trainee’s Report:

- must be read and certified by the trainee’s supervisor(s)
- should be typewritten or word processed (usual length is two to three pages of A4 typescript)
- must be received by the College office by 31 May/31 October.

Trainees may wish to send to the College an evaluation of their attachment. This can be included in their personal report, or may be sent separately, in confidence, to the Chair of the New Zealand Adult Medicine Education Committee. Trainees are also able to contact their local representative on the New Zealand Trainees’ Committee in confidence; please see the Contact details section of this handbook.

**Information and training resources**

- Trainee’s Report cover sheet
- Trainee’s Report guidelines
Other requirements

**Australia**

- Quality Assurance/Audits (two over the course of Advanced Training) – must be completed and presented within the training hospital
- Published article at the Cardiac Society Annual Scientific Meeting (or equivalent) – trainees are expected to present, be principle author of or prepare an article accepted by a peer-reviewed journal (once during the course of Advanced Training)
- Developmental and Psychosocial Training – applies only to Australian Paediatrics & Child Health Division trainees.

**New Zealand**

- Quality Assurance/Audits (two over the course of Advanced Training) – must be completed and presented within the training hospital
- Published article at the Cardiac Society Annual Scientific Meeting (or equivalent) – trainees are expected to present, be principle author of or prepare an article accepted by a peer-reviewed journal (once during the course of Advanced Training)
- Mandatory Paediatric Requirements – applies only to New Zealand Paediatrics & Child Health Division trainees.

**Description of other requirements**

<table>
<thead>
<tr>
<th><strong>Quality Assurance/Audits</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>Two over the course of training</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td>Must be completed before the submission of the Final Supervisor's Report for Advanced Training</td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
</tr>
<tr>
<td>15 October in the final year of training</td>
</tr>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>Trainees are expected to complete two Quality Assurance/Audits over the three-year training period. These must be presented at the training hospital during the three-year training period, and must be certified by the Educational Supervisor in the Final Supervisor's Report.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Publication/presentation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>One over the course of training</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td>Must be completed before the submission of the Final Supervisor's Report for Advanced Training</td>
</tr>
<tr>
<td><strong>Deadline for completion</strong></td>
</tr>
<tr>
<td>15 October in the final year of training</td>
</tr>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>Trainees are expected to present or be a principal author of at least one published article at the Cardiac Society Annual Scientific Meeting (or equivalent) and/or prepare an article accepted by a peer reviewed journal.</td>
</tr>
</tbody>
</table>
### Developmental and Psychosocial Training – Australian RACP Paediatrics & Child Health Division trainees only

| **Frequency** |  
| **Australia:** Once over entire training period (Basic Training and Advanced Training)  
| **New Zealand:** Not required  
| **Timing** |  
| **Australia:** At any stage during Basic Training or Advanced Training  
| **Duration** |  
| **Australia:** six months  
| **Deadline for completion** |  
| **Australia:** Must be completed by the end of Advanced Training  
| **Training type** | Core training  
| **Description** |  

This is a requirement for Australian Paediatrics & Child Health trainees only.

The developmental and psychosocial component of training for all paediatricians was introduced to ensure that the changing nature of paediatric practice is reflected in the training programs undertaken within Australia. A mandatory period of training in developmental and behavioural aspects of paediatrics must be included in the program.

Developmental and Psychosocial Training can be undertaken during Basic Training or Advanced Training regardless of whether trainees are undertaking general or specialty training. The training consists of a minimum six-month period in one or more of the following areas:

- Developmental/behavioural paediatrics
- Community paediatrics
- Disability/rehabilitation paediatrics
- Child protection
- Adolescent mental health

Trainees must nominate a supervisor for the Developmental and Psychosocial Training component; either during Basic Training or Advanced Training. A satisfactory Supervisor’s Report for Developmental and Psychosocial Training will be required for the training to be certified.

The following are acceptable training options:

- Six months in a prospectively approved psychosocial training position. The six months must be completed as two three-month terms, a block of six months or as a continuous part time position, i.e. 2.5 days per week for 12 months (please note that a conglomerate of experience for shorter time periods adding up to six months will not be acceptable).
- Six months in a prospectively approved rural position that has a documented weekly program in the psychosocial training areas and an appropriate level of supervision.
- Attend prospectively approved clinic two sessions a week for 18 months, or one session a week for three years, plus complete an approved learning module.

An approved clinic is one that has involvement from other health/educational professionals, and where supervision is directed by a paediatrician experienced in an area or areas of Developmental and Psychosocial Training (such as behaviour, development, rehabilitation, and child protection).

An approved learning module includes one of the following options:

- Evidence of attendance at a lecture series devoted to the topics included in Developmental and Psychosocial Training in a recognised institution
- Three referenced case reports/essays (1500–2000 words) demonstrating a detailed understanding of three different issues in the areas of psychosocial training (e.g. rehabilitation, community paediatrics, etc.)
- Completion of the Griffith Mental Developmental Scales course
- Other prospectively approved modules may be considered.
Information and training resources
Final Supervisor’s Report

Mandatory Paediatric Requirements – New Zealand Paediatrics & Child Health Division trainees only

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Australia: Not required</th>
<th>New Zealand: Once over entire training period (Basic Training and Advanced Training)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing</td>
<td>New Zealand: At any stage during Basic Training or Advanced Training</td>
<td></td>
</tr>
</tbody>
</table>

**Duration of rotations**

New Zealand: six months

**Psychosocial training**

**Description**

These requirements are for New Zealand Paediatrics & Child Health trainees only.

The New Zealand SAC in General Paediatrics will determine whether these requirements have been met. Requirements may be met either during Basic Training or Advanced Training. All New Zealand registered paediatric trainees in other specialties are required to meet the New Zealand mandatory requirements.

1. **Neonatal medicine**

At least three months in neonatal medicine is required, which should be at Level III care. Candidates should bear in mind their future career plans:

- Those intending to practise Level II neonatal medicine are advised to have at least 12 months exposure.
- Those intending to practise Level III neonatal medicine but not as neonatologists, are advised to have at least two years exposure.
- Those intending to pursue neonatology as a career will need to register with the SAC in Neonatal/Perinatal Medicine and meet the specific requirements of that training prescription.

2. **Psychosocial training**

Psychosocial training can be undertaken during Basic Training or Advanced Training, regardless of whether trainees are undertaking general or specialty training. The psychosocial training consists of a minimum three-month period in one or more of the following areas:

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

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

Alternatively, trainees can gain the required experience by managing suitable cases over a longer period of time with appropriate supervision. This experience must be documented in a logbook.

Trainees should keep a record of at least 12 cases they have personally managed under supervision. Copies of clinical letters are not appropriate. There should be a summary of the issues involved, and how they were managed. These cases will normally be accumulated over a two year period, and each
case record must be signed by the supervisor. Examples of how this might be done are available from the College.

The range of conditions that should be included in the logbook are:

- Developmental problems, with a focus on the response of parents, families and care-givers to the diagnosis and ongoing care of the child with special needs
- Pervasive developmental disorders
- General learning disability – the behaviour problems that arise secondary to this condition
- Chronic illness – behavioural and psychological problems resulting from chronic illness, and parent and family difficulties resulting from chronic conditions, such as diabetes, epilepsy, chronic arthritis, chronic respiratory disease, physical disability and childhood cancer
- Common behavioural paediatric problems such as enuresis, encopresis, sleep disturbance, eating difficulties, attention deficit and hyperactivity disorder, conduct disorder, anxiety, depression, and preschool behavioural adjustment disorders.

The trainee should nominate a paediatrician with a special interest and skill in behavioural paediatrics or, where available, a child psychiatrist or paediatric clinical psychologist who will act as their supervisor.

The College program director will provide the nominated supervisor with information about the requirements for the logbook and will also review the logbook.

### 3. Advanced Paediatric Life Support (APLS)

All trainees are required to attend an APLS course at some point during their Basic Training or Advanced Training. It is recommended that you attend an APLS course as early as possible in your training.

**Advanced Training Portal**

Resources for many of the program requirements listed above can be accessed through the Advanced Training Portal. These include:

- important dates
- online teaching & learning and formative assessment tools
- information sheets, workflows, rating forms and interactive video tutorials for online tools
- additional resources, including curricula
- a help section, including information on how to use the portal
- frequently asked questions (FAQs)
- summary of training completed/required.
Roles and responsibilities

Supervision in PREP training involves a comprehensive level of educationally-focused support for trainees. Support from supervisors in PREP training centres around:

- planning and facilitating the trainee’s learning path
- facilitating effective teaching and learning opportunities
- providing comprehensive and timely feedback on the trainee’s progress and achievement of the curricula’s learning objectives.

Supervising committee

Trainees are supervised by an Advanced Training Committee for the duration of Advanced Training. The committee will confirm that the training requirements have been satisfied before the trainee can be recommended for Fellowship.

The Australian Specialty Training Committee (STC) in Cardiology oversees Advanced Training in Cardiology in Australia.

The New Zealand Specialist Advisory Committee (NZSAC) in Cardiology oversees Advanced Training in Cardiology in New Zealand. The NZSAC reports to the New Zealand Adult Medicine Education Committee (NZAMEC).

Structure

Australia

The STC is a diverse representative body with physicians and paediatricians from most Australian states and New Zealand. Membership consists of the Chair of Advanced Training, two Coordinators of Advanced Training, a lead in accreditation, a lead in assessment, a New Zealand representative (Chair of the NZSAC), one paediatric representative, one recent Fellow representative, one Advanced Trainee representative and five additional appointed members.

New Zealand

The New Zealand SAC consists of the Chair, three members from the specialist society, a member from the New Zealand Adult Medicine Education Committee (NZAMEC), a paediatric member and a trainee representative.

Appointment process

Australia

Prior to a vacancy on the committee, expressions of interest are invited from all current supervisors. These are then discussed by the committee and a new representative is determined. Positions within the committee (e.g. Chair, Coordinator of Advanced Training) are elected by the committee. Members are appointed a two-year term, which can be renewed twice, meaning that a committee member may serve a maximum of six years in a single role.
New Zealand
Nominations are requested from the specialty society, and the nominee formally elected onto the committee. The Chair is elected from the committee.

Committee’s role
The STC/NZSAC formally meets twice per year and work on matters including the accreditation of training sites, curricula and assessments for Advanced Training, trainee issues and educational policy.

The College’s Education Services provide support to the STC/NZSAC through an assigned Education Officer, and any queries for the STC/NZSAC should be directed to this person; please refer to the Contact details section of this handbook.

Advanced Training supervisors

Supervision requirements
For each training rotation, Advanced Trainees in Paediatric Cardiology must have the following supervision arrangements in place:

Australia
- Two supervisors with FRACP.

New Zealand
- A supervisor with FRACP.
- A second supervisor who may or may not have FRACP.

It is important that supervisors are physicians with whom trainees have a close working relationship. Among other responsibilities, supervisors are responsible for completing important assessments such as Supervisor’s Reports. Supervisors should provide trainees with a copy of these reports, to aid subsequent supervisors in identifying specific training needs. Supervisors may also request the trainee to provide documentation from previous training rotations, for example applications for approval of training, Supervisor’s Reports and other documents deemed relevant to trainee progress. In the case that a trainee is unable to provide this documentation, the supervisor may request that the College provide it on the trainee’s behalf.

Support for supervisors
The College’s Medical Education Officers and Advanced Training Unit staff are equipped with an understanding of the purpose and functionality of each PREP teaching & learning and assessment resource, and have the capacity to advise Fellows and trainees in their use.

Medical Education Officers are based in each Australian state and New Zealand, and conduct workshops to help trainees and supervisors familiarise themselves with the Advanced Training Portal and the other online tools associated with the PREP Program. Medical Education Officers are also available on request to visit sites and conduct one-on-one consultations.

Details of future workshops and contact details for Medical Education Officers can be found in the Supervisor Support section of the College website.

Additional supporting resources for PREP tools are accessible via the Advanced Training Portal. These include information sheets, workflows and video examples of PREP tools.
**Supervisor Support Strategy**
A Supervisor Support Strategy has been developed by the College. One of the key components of this strategy is around supervisor training. The Supervisor Professional Development Program delivery model comprises three components:

1. three face-to-face workshops, each three hours in length
2. online learning and resources
3. Fellows as coaches and follow up by Medical Education Officers.

The first of the three face-to-face workshops has been developed, Practical Skills for Supervisors. This workshop incorporates the overarching themes of developing expertise and coaching trainees towards expert performance. Workshop 2: Teaching and Learning in Health Settings and Workshop 3: Workplace-based Learning and Assessment will be released in 2015 and 2016 respectively.

More information about the Supervisor Support Strategy can be found on the [College website](http://www.college.org).

**Advanced Trainees**

**Responsibilities**
The PREP Program is based on the philosophy that learning should be instigated and regulated by the trainee. In practice, this means that trainees, rather than their supervisors, are responsible for identifying the opportunities for learning that lead to the completion of training requirements.

Trainees are responsible for:

- arranging for the appropriate supervisor to support completion of formative and summative assessments, teaching and learning tools, and application forms
- submitting forms and documentation by the required deadlines (as detailed in Eligibility and entry into Advanced Training and Program requirements)
- securing training positions in accredited training settings each year
- researching and accessing new learning resources as necessary
- providing new supervisors with copies of past Supervisor’s Reports and any other information relevant to their progress at the commencement of each rotation. If a trainee is unable to provide this information then the College may do so on their behalf
- familiarising and adhering to College policy

**Trainee as a learner**
Trainees are expected to:

- be familiar with College educational requirements as outlined in program requirement handbooks and curricula
- identify their learning needs, set learning objectives and discuss these objectives with their supervisor
- initiate meetings with their supervisor to regularly discuss and receive feedback on their progress in the training program
- fulfil all learning and assessment requirements of the training program, ensuring these are submitted on time
- attend teaching sessions organised at their training setting
- actively seek feedback and respond appropriately to feedback on their performance and achievements
- actively seek mentorship in their progression towards independent practice as a physician
- reflect on their performance, development as a learner, teacher and professional in order to meet the required standards.
Trainees are encouraged to complete evaluation surveys as developed by the College so that the College may deliver effective training programs of the highest quality and relevance to medical practitioners.

It is a trainee’s responsibility to read and sign the Statement of Basic Training Responsibilities or Statement of Responsibilities in Advanced Training at the beginning of each term of training.

**Trainee as a teacher**
Trainees are expected to be involved in teaching and mentoring and as such it is expected that they will:

- learn the skills of teaching
- act as a role model and mentor for junior doctors
- impart medical knowledge to junior colleagues and other members of multidisciplinary teams in formal and informal settings.

**Receiving feedback**
Feedback received by trainees during formative assessments, or trainee–supervisor meetings, should be used to identify gaps in their knowledge or skills, refine clinical and professional practices, and plan their future learning.

To maximise the benefits of these sessions, trainees should:

- listen carefully to feedback, and avoid internally refuting or categorically defending themselves against feedback they perceive to be negative
- clarify anything they are unsure about, i.e. test their understanding by rephrasing what they have heard, and asking for confirmation that it is correct
- personally consider and ask for suggestions on how to practically apply their supervisor’s feedback
- develop an action plan on how to proceed from there.

**College support for trainees**
The College is committed to supporting trainees who are experiencing difficulty in their training. If trainees or supervisors are experiencing difficulty, they should contact the Education Officer for their specialty, please refer to the Contact details section of this handbook. Additional information is also available on the College website.

**Trainees’ committees**
The College Trainees’ Committee (CTC) and the New Zealand Trainees’ Committee represent and advocate on behalf of trainees. Trainees are also represented on the College Board of Directors by two members of the CTC executive. More information, including the CTC by-laws, can be found on the College website.

Trainees wishing to contact their local representative on the CTC or New Zealand Trainees’ Committee in confidence regarding their selection, training assessment, supervision and educational experience should refer to the Contact details section of this handbook for their contact details.

**Education**
The College will aim to provide a high-quality educational framework and educational tools appropriate for training in clinical and non-clinical settings, and in doing so will seek to:

- facilitate a level of training whereby, upon a trainee’s satisfactory completion of the training program, the minimum standards attained comply with the professional and educational requirements of the College as accredited by the Australian Medical Council and Medical Council of New Zealand
- provide training programs, developed in conjunction with Fellows and trainees, relevant to each specialty and suitable for implementation in accredited workplace settings under the guidance of supervisors
- provide access to information about the contents and objectives of each training program
• provide trainees and supervisors with the opportunity to give the College feedback on all aspects of the training program
• inform trainees and supervisors within a reasonable time period of any changes to the curriculum, structure of the training program and any other significant alterations, other than minor timetabling changes, which may affect them
• facilitate internal and external reviews of College training and assessment programs to promote continuous improvement.

Assessment
In relation to assessment programs and activities, the College will seek to:

• promote development and administration of assessments and examinations that are educationally valid
• design assessments and examinations to be consistent with the curriculum of the relevant training program
• provide clear and timely information about assessments and submission dates and the preferred or required format of assessments and submissions.

Supervision
In relation to supervision support, the College will progressively:

• provide a framework to equip supervisors to provide constructive feedback on progress and performance
• promote training for supervisors and facilitate support for their role in supervising trainees
• communicate to supervisors the program requirements and learning objectives of the training programs that they supervise.

The Mentor role (recommended)
It is strongly recommended that trainees nominate a Mentor. The Mentor’s role is to complement that of supervisors, by providing advice and support when required and impartial consideration of conflict situations, should they arise. A Mentor should be perceived by a trainee as a senior colleague, aware of the local, specialty and College requirements for training, to whom the trainee could turn for professional advice and support at any time during training.

The Mentor’s duties
Mentors:

• help trainees define their learning needs and directions for development
• facilitate trainees’ learning in the PREP Training Program
• counsel trainees on appropriate professional career options and alternatives
• assist in the resolution of conflicts within the context of the PREP Training Program
• refer trainees to other individuals or resources that will assist them during their training.

Interactions between trainees and Mentors are in confidence; a Mentor would not usually provide information to a supervisor, Director of Physician Education (DPE), Director of Advanced Training (DAT), SAC or other education committee without the consent of the trainee.

There can be significant benefits for both the Mentor and trainee if the relationship is based on a genuine professional interest in education and adult learning. There needs to be trust between both parties and a clear understanding of the respective roles and responsibilities.
Selection of a Mentor
The DPE or another colleague can have a role in helping trainees choose their Mentor. A Mentor will have an important role if there is insufficient support from one or more of the trainee’s supervisors, or if the supervision is inadequate or does not satisfy the College requirements. At the time of passing the examination, it is recommended that trainees discuss with their Mentor their plans for Advanced Training over the three years.

In New Zealand, SACs are able to nominate a senior physician who can act in this role.

Reconsideration, Review and Appeals Process By-Law
The College is committed to procedural fairness, and has a process in place for trainees and Fellows dissatisfied with College decisions by which they are directly affected. The purpose of this process is to provide an internal grievance mechanism to ensure that those affected by decisions of the College are treated fairly and consistently.

The by-law can be found on the College website.

Privacy
The College complies with the relevant privacy legislations: the Privacy Amendment (Private Sector) Act 2001 in Australia and the Privacy Act 1993 in New Zealand.

The College’s Privacy Policy applies to all personal information collected, stored, used and disclosed by the College. The full policy can be found on the College website.

The policy statement explains:

- what personal information the College collects
- how the College uses/discloses that information
- how the College stores that information
- entitlement to access personal information.

Working together
The College’s Working Together policy aims to ensure that the College provides a safe working and training environment. It describes the practices expected in College activities, training programs, and the various workplaces and training environments where College staff, trainees, Fellows and overseas trained physicians are located.

The full policy can be obtained from the College on request; please see the Contact details section of this handbook.

Code of Conduct
The College aims to maintain a high standard of ethical behaviour and expects its Directors, Fellows and other members to treat each other and others with fairness, honesty and respect at all times.

The College Code of Conduct was developed in order to:

- articulate the high standards of honesty, ethical and legal behaviour expected of the College’s Directors, Fellows and trainees
- encourage the observance of those standards
- guide Directors, Fellows and trainees as to the practices thought necessary to maintain confidence in the College’s integrity
- set out the responsibility and accountability of individuals in particular to report unethical practices or suspected breaches of this Code while they are at the College premises, acting for or representing the College, dealing with College employees or conducting College business.
Accreditation of settings

It is required that training in cardiology is conducted in training positions that have been accredited by the STC as suitable for Advanced Training. The accreditation of training settings supports the provision of quality training environments with an appropriate balance between teaching and learning, and service provision.

The SAC in Cardiology in New Zealand has only recently commenced the accreditation of training sites. For information about accredited settings for Advanced Training in New Zealand, please contact the College’s New Zealand office, details of which can be found in the Contact details section of this handbook.

Accredited settings for training

Training settings are accredited in recognition of the community’s expectations for fully trained and competent physicians and paediatricians, and:

- to ensure that training posts provide high quality clinical training
- to aid the approval of individual training programs
- to provide information for trainees and supervisors about the training facilities, supervision, and mix of educational opportunities available at each site.

Processes for the accreditation of training settings aim to be transparent, reliable, valid and flexible. Sites are assessed against a set of predetermined criteria. Sites are assessed remotely, and in some cases this is followed by a face-to-face visit by two STC members. Criteria and application forms can be found on the College website or obtained from the Education Officer to the STC/NZSAC; please refer to the Contact details section of this handbook.

List of accredited settings

The STC maintains a list of sites accredited for core Advanced Training in Paediatric Cardiology in Australia. This can be found on the College website, or obtained from the Education Officer to the STC; please refer to the Contact details section of this handbook.

Information on accredited sites for Advanced Training in New Zealand can be obtained from the Education Officer to the NZSAC; please refer to the Contact details section of this handbook.
Variations in training settings

Training outside Australia and New Zealand
The STC and NZSAC require that Advanced Trainees spend a minimum of 24 months (FTE) core training in Australia and/or New Zealand. This is to ensure that trainees receive adequate exposure to local practices and health services.

Trainees intending to undertake Advanced Training outside Australia or New Zealand should enquire about the suitability of these training positions with the STC/NZSAC well before applying for prospective approval of the training period. In all cases, trainees must satisfy to the STC/NZSAC that the training and supervision in any overseas training program is satisfactory. Once the STC/NZSAC has decided on the suitability of the post, trainees should complete the application process for approval of training as usual. Please see the Eligibility and entry into Advanced Training section of this handbook for further information.

There are many relief organisations where supervised clinical experience may be obtained. It is anticipated that such experience enhances trainees’ breadth and depth of knowledge, and allows experience that could not be obtained in the Australian or New Zealand teaching hospital environment. All trainees undertaking such posts should consider having an Australian or New Zealand co-supervisor with whom they communicate at least every three months.
## Training policies and processes

### Education policies

The College is working towards the development of a comprehensive suite of policies and procedures to underpin the range of education programs offered by the College (Divisions, Faculties and Chapters).

All approved policies to date can be downloaded from the [College website](#).

<table>
<thead>
<tr>
<th>Education policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic honesty and plagiarism</strong></td>
<td>Defines the responsibilities of trainees enrolled in College education programs (Divisions, Faculties, and Chapters) in relation to academic honesty and plagiarism, and describes a process for dealing with identified cases of plagiarism (intentional and unintentional).</td>
</tr>
<tr>
<td><strong>Accreditation of training settings</strong></td>
<td>Defines the aims, principles, criteria and process for the accreditation of training settings for trainees enrolled in education programs provided by the College.</td>
</tr>
<tr>
<td><strong>Assessment of overseas trained physicians &amp; paediatricians (Australia)</strong></td>
<td>Defines the College’s (including its Divisions, Chapters and Faculties) framework for determining if the training and experience of an overseas trained physician/paediatrician (OTP) is “substantially comparable,” “partially comparable,” or “not comparable” to that of an Australian-trained physician/paediatrician. The policy details the assessment process and possible outcomes, including additional assessment requirements, for OTP applicants for specialist recognition, appointment to an Area of Need position and Fellowship of the College and/or its Chapters and Faculties.</td>
</tr>
<tr>
<td><strong>Assessment of overseas trained physicians &amp; paediatricians (New Zealand)</strong></td>
<td>Defines the framework used by the College (including its Divisions, Faculties and Chapters) for determining if the training, qualifications and experience of an OTP are comparable/equivalent to that of a New Zealand-trained physician/paediatrician. The policy details the assessment process and possible outcomes, including additional assessment requirements, for OTP applicants for vocational registration.</td>
</tr>
<tr>
<td><strong>Continuing professional development participation</strong></td>
<td>Defines the continuing professional development (CPD) participation requirements for College Fellows and OTPs under peer review/supervision. This includes Fellows and OTPs of the Divisions, Faculties and Chapters. Participation in a recognised and relevant CPD program is mandated for retention of College Fellowship.</td>
</tr>
<tr>
<td><strong>Flexible training</strong></td>
<td>Defines the provisions for College trainees (Division, Faculty, or Chapter), including Fellows in training, around time limit to complete training, leave entitlements, part-time training, and interrupted training, including parental leave.</td>
</tr>
<tr>
<td><strong>International medical graduates: requirements for undertaking physician training in Australia</strong></td>
<td>Defines the eligibility criteria for international medical graduates (IMGs) wishing to undertake a College training program in Australia in order to gain Fellowship of the College (Division, Faculty, or Chapter). Outlines the requirements for College endorsement of specified training programs for IMGs wishing to undertake a period of physician training to enhance their expertise and experience without joining a College training program or gaining Fellowship.</td>
</tr>
<tr>
<td><strong>Participation by Fellows in preparatory courses for assessments</strong></td>
<td>Defines the obligations of Fellows in relation to participation in preparatory courses (commercial and non-commercial) or training sessions for centrally administered College assessments.</td>
</tr>
<tr>
<td><strong>Post-Fellowship training requirements</strong></td>
<td>Defines the requirements for College Fellows who wish to undertake further training and achieve recognition by the College in a specialty different to that in which Advanced Training was undertaken for the award of FRACP.</td>
</tr>
<tr>
<td><strong>PREP Program: Case-based Discussion</strong></td>
<td>Defines the requirements for the Case-based Discussion for any College training program requiring use of the tool.</td>
</tr>
<tr>
<td>Education policy</td>
<td>Description</td>
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<tr>
<td>PREP Program: Learning Needs Analysis</td>
<td>Defines the requirements for the Learning Needs Analysis for any College training program requiring use of the tool.</td>
</tr>
<tr>
<td>PREP Program: Mini-Clinical Evaluation Exercise</td>
<td>Defines the requirements for the mini-Clinical Evaluation Exercise for any College training program requiring use of the tool.</td>
</tr>
<tr>
<td>PREP Program: Professional Qualities Reflection (formerly known as Significant Incident Analysis Tool)</td>
<td>Defines the requirements for the Professional Qualities Reflection (formerly known as Significant Incident Analysis Tool [SIAT]) for any College training program requiring use of the tool.</td>
</tr>
<tr>
<td>Progression through training</td>
<td>Defines the requirements for College trainees (including Fellows in training) to gain certification of satisfactory progress in, and completion of, a College training program (Division, Faculty or Chapter).</td>
</tr>
<tr>
<td>Recognition in a specialty of Adult Medicine or Paediatrics &amp; Child Health without completion of the relevant Advanced Training Program</td>
<td>Defines the requirements for College Fellows (Adult Medicine or Paediatrics &amp; Child Health) to be recognised by the College in a specialty different to that in which their Advanced Training Program was undertaken, or in a specialty undertaken before SACs/JSACs/STCs were established, on the basis of prior certified or experiential learning achieved through a substantial period of professional practice, acquired competence and professional development in that specialty.</td>
</tr>
<tr>
<td>Recognition of prior learning</td>
<td>Defines the requirements for recognition of prior learning (RPL) for trainees (in Australia and New Zealand) enrolled in College education programs (Divisions, Faculties, and Chapters).</td>
</tr>
<tr>
<td>Special consideration for assessments</td>
<td>Defines the requirements and processes for dealing with requests for special consideration in relation to centrally administered assessments undertaken by College trainees (in Australia and New Zealand).</td>
</tr>
</tbody>
</table>
Variations in training

**Part-time training**
Training may be undertaken full-time or part-time, or a combination of both. Refer to the Flexible Training Policy for information on the minimum load for part-time training and the time limit to complete a training program.

**Post Fellowship training**
Post-Fellowship (post-FRACP) training is available to College Fellows with FRACP who wish to complete a Divisional Advanced Training program in another specialty. Refer to the Post-Fellowship Training Requirements (Divisions) Policy for more information about post-FRACP training.

**Dual training**

**Australia**
Advanced Trainees may wish to complete more than one Divisional Training Program at a time; this is commonly known as dual training. In this case, the training requirements of both supervising committees must be satisfied. Once a trainee has completed the requirements of one specialty training program, they will be awarded Fellowship (FRACP). For the remainder of their second specialty training, they will be considered a post-FRACP trainee.

For each rotation completed as part of dual training in Australia, the trainee will nominate training a primary training committee, which usually supervises core training, and a secondary training committee, which usually supervises non-core training. A trainee’s primary and secondary supervising committees will change according to the specialty they are training in each term. In most cases, the completion of requirements – such as Learning Needs Analysis, Case-based Discussion, mini-Clinical Evaluation Exercise and Direct Observation of Procedural Skills – for yearly progression of the primary training committee will be recognised by the secondary training committee.

Trainees undertaking dual training should apply for prospective approval of their Advanced Training Program by completing one application form that is submitted to the primary supervising committee. Both committees will approve and certify training rotations according to their respective training curricula.

Trainees considering undertaking dual training are strongly advised to contact the Education Officers for the two specialties prior to commencement; please see the College website for the contact details for all Education Officers.

**New Zealand**
New Zealand trainees undertake dual training concurrently with two SACs. The Advanced Training program should be submitted prospectively to both training committees, which will approve and certify training rotations according to their own training curriculum.

Dual training is particularly well suited to the increasing number of hospitals that seek consultants capable of providing a specialty service (usually in the form of a specialty outpatient or procedure clinic), but who can also participate in an acute, undifferentiated medicine on-call roster and care for patients admitted to general medicine inpatient units. Conversely, consultants not trained in general medicine may not be able to be locally credentialed as consultants capable of providing care to patients with undifferentiated acute medical problems, and thus, may be limited in their employment options.
**Joint training**
A joint training program is a single, cohesive Advanced Training program that results in the trainee being awarded more than one Fellowship. Joint training programs are usually conducted in conjunction with other postgraduate medical colleges. Joint training programs offer significantly reduced overall training time when compared with the time it would take to achieve both Fellowships separately. An example of one joint training program is the Infectious Diseases and Microbiology program run jointly by the College (RACP) and the Royal College of Pathologists of Australasia (RCPA).

**Conjoint training**
Conjoint training involves a trainee undertaking two separate programs independently, that each lead to the award of a different Fellowship. This may refer to training conjointly in two College programs (e.g. Divisional training in Geriatric Medicine and Faculty training in Rehabilitation Medicine), or training conjointly in a College program and a program run by another organisation (e.g. training in Addiction Medicine with the College and training in Addiction Psychiatry with the Royal Australian and New Zealand College of Psychiatrists).

Conjoint trainees are required to complete the administrative processes and program requirements for each of the programs they are undertaking.

**Recognition of previously certified prior learning**
Trainees who have had Advanced Training previously certified by an Advanced Training committee may apply for this training to be certified by another Advanced Training committee. In this case, the committee considering certification will assess the training period against their current training requirements.

Trainees wishing to apply for certification by another committee must contact the Education Officer to the SAC to determine their eligibility; please see the Contact details section of this handbook.

**Transfer between Adult Medicine and Paediatrics & Child Health Training**
Advanced Trainees wishing to transfer from Adult Medicine to Paediatrics & Child Health, or vice versa, should consult the relevant Division Education Committee via the committee Education Officer.

Trainees who have completed Basic Physician Training and the Divisional Written and Clinical Examinations in Adult Medicine and wish to undertake Advanced Training in general or specialty paediatrics will normally be required to successfully complete the following prior to commencing Advanced Training:

- one year of Basic Training in Paediatrics & Child Health
- the Divisional Clinical Examination in paediatrics
- an Advanced Paediatric Life Support course.

In addition to completing an Advanced Training program, the trainee would need to successfully complete Developmental & Psychosocial Training (AUS) or the Mandatory Paediatric Requirements (NZ) prior to admission to Fellowship.

Trainees who have completed Basic Training and the examination in Paediatrics & Child Health and wish to undertake an Advanced Training program in Adult Medicine in general or specialty adult internal medicine will normally be required to successfully complete the following prior to commencing Advanced Training:

- one year of Basic Training in Adult Medicine
- the Divisional Clinical Examination in adult medicine
- an Advanced Life Support course.
Fellowship

Admission to Fellowship

Trainees are eligible to be admitted to Fellowship of the College on the completion of all Basic Training and Advanced Training requirements. The College will notify trainees who are approaching the end of their training that they are eligible to apply for admission to Fellowship. This process involves completion of an application form, and the payment of a fee upon admission. There are several rounds of admission to Fellowship each year.

Trainees will receive formal notification from the College that they have been admitted to Fellowship. In addition to the award of Fellowship, trainees who complete training are issued a letter confirming the completion of their training. Trainees completing a training program subsequent to admission to Fellowship also receive a letter confirming all of the training programs that they have completed.

Information for new Fellows

Continuing professional development (CPD)

Meeting the requirements of a continuing professional development (CPD) program is a regulatory requirement for all Fellows in Australia, New Zealand and overseas who are in active practice. To be considered as compliant with the RACP CPD Participation Policy, Fellows must participate in a CPD program either of the RACP or an equivalent Medical College accredited by the Australian Medical Council (AMC), Medical Council of New Zealand (MCNZ) or equivalent international regulatory authority.

MyCPD is the CPD program for Fellows of the College. This innovative online program, developed in consultation with The Royal College of Physicians and Surgeons of Canada, is tailored to meet the professional development needs of each participant. The MyCPD program is founded on participants identifying their own personal professional development needs, planning activities to meet those needs, and then reflecting on the activities undertaken – all as part of their ongoing professional development cycle.

For further information on CPD, please see the College website.
Contact details

Education Officers

The Education Officers to the STC and NZSAC are the first point of contact for any training related enquiries.

Australia
Education Officer to the STC in Cardiology
Education Services
The Royal Australasian College of Physicians
145 Macquarie Street
SYDNEY NSW 2000

Phone: +61 2 8247 6231
Email: Cardiology@racp.edu.au

New Zealand
Education Officer to the NZSAC in Cardiology
PO Box 10601
WELLINGTON 6143

OR

4th Floor
99 The Terrace
WELLINGTON 6011

Phone: +64 4 472 6713
Email: Cardiology@racp.org.nz

Trainees’ Committees

Australia
Email: traineescommittee@racp.edu.au

New Zealand
Email: traineescommittee@racp.org.nz

Specialty society

The Cardiac Society of Australia and New Zealand is the peak professional body representing cardiology physicians/paediatricians in Australia and New Zealand. Further information can be found on the CSANZ website.