

## **Advanced Training in Rheumatology**

### **Criteria for the Accreditation of Rheumatology Core Training Settings**

#### **Background**

Accreditation assessment of Advanced Training sites is undertaken by the Advanced Training Committee (ATC) in Rheumatology (for Australia) and the Advanced Training Subcommittee (ATS) in Rheumatology (for Aotearoa New Zealand) to determine the suitability of sites to provide the range of training experience needed for core training in rheumatology.

In accordance with the [RACP Monitoring of a Training Provider Process](#), the ATC/ATS accredits and periodically reviews the accreditation of training sites.

#### **Applying for Accreditation of a Training Position**

Training sites that wish to apply for accreditation for advanced training in rheumatology must complete an [Accreditation Assessment Form](#) and submit it to the ATC/ATS in Rheumatology for consideration. Members of the ATC/ATS will undertake an accreditation assessment, either by site visit or paper assessment, to verify the suitability of the site for advanced training.

After an accreditation site visit, the site's Head of Department or nominated representative will be provided with a copy of the draft site visit report, which contains the accreditation assessors' observations/comments during the visit and the recommended accreditation decision. The Head of Department or nominated representative is asked to verify the factual accuracy of the information contained in the report. The finalised report will then be considered by the ATC/ATS at its next scheduled meeting or via circular resolution and the site will be notified of the confirmed accreditation decision as soon as possible.

Please note that the accreditation decision indicated in the site visit report is a recommendation by the accreditation assessors only. The final accreditation decision will be determined at the discretion of the ATC/ATS in Rheumatology.

#### **Accreditation Cycle**

The ATC/ATS reviews the accreditation status of each site on a three-yearly cycle, alternating between site visit and paper assessment. Sites should report to the ATC/ATS as soon as applicable of any significant changes that occur prior to the end of its current accreditation cycle.

Sites will be asked to complete a new [Accreditation Assessment Form](#) upon each accreditation review.

In exceptional circumstances, the ATC/ATS may undertake review of a training site before the end of an accreditation cycle.

## Conditional and Provisional Accreditation

Conditional accreditation may be granted to sites that are determined to partially or predominantly fulfil the accreditation criteria to provide core training but require further actions to address any identified deficiencies during an accreditation assessment. Conditionally accredited sites may be requested to provide a progress report to demonstrate that the identified deficiencies are adequately addressed, as a requirement of gaining full accreditation.

Provisional accreditation may be granted to sites that are determined to require further assessment and/or feedback to reach a final accreditation decision. This accreditation status is granted to ensure that existing trainee/s at the site is/are not disadvantaged by the accreditation assessment.

## Appeals Process

If a training site is dissatisfied with the accreditation decision determined by the ATC, please refer to the College's [Reconsideration, Review and Appeals Process By-laws](#). If the site plans to lodge an application, it must be received within 28 days from date of decision notification.

## Contact

For any queries regarding the accreditation process, please contact Training Accreditation Services via:

**Australia:** accreditation@racp.edu.au

**New Zealand:** accreditation@racp.org.nz

For any queries regarding training program requirements, non-core training or overseas training, please contact Training Services via:

**Australia:** rheumatology@racp.edu.au

**New Zealand:** rheumatology@racp.org.nz

## Accreditation Criteria

The following criteria will be considered in the accreditation of a training site.

1. Supervision	
RACP STANDARD	MINIMUM REQUIREMENTS
1.1 There is a designated supervisor for each Trainee.	<b>1.1.1</b> <i>Each trainee has two supervisors, at least one of whom is a rheumatologist.</i>
1.2 Trainees have access to supervision, with regular meetings.	<b>1.2.1</b> <i>An Advanced Trainee in rheumatology should have access to three rheumatology consultants (two in paediatrics) on clinical service, whether outpatient or inpatient, with one readily contactable at all times and available on site as required each day.</i>
	<b>1.2.2</b> <i>Regular independent meetings with both supervisors will occur. A meeting with at least one supervisor will occur every three months.</i>

<b>1.3 Supervisors are RACP approved and meeting any other specialty specific requirements regarding qualifications for supervisors.</b>	<b>1.3.1</b> <i>Supervisors will be a Fellow of the RACP in the appropriate division, or equivalent, with at least one supervisor who is a member of the Australia Rheumatology Association (ARA)/New Zealand Rheumatology Association (NZRA).</i>
	<b>1.3.2</b> <i>Supervisors will have attended a RACP Supervisor Workshop within the last five years or intends to attend within six months of commencing as a supervisor.</i>
<b>1.4 Supervisors are supported by the training setting or network to be given the time and resources to meeting RACP supervision requirements and criteria.</b>	<b>1.4.1</b> <i>Consultants have a proportion of non-clinical administration time, part of which can be directed to the supervisor of trainees.</i>

## 2. Facilities and Infrastructure

RACP STANDARD	MINIMUM REQUIREMENTS
<b>2.1 There are appropriate facilities and services for the type of work being undertaken.</b>	<b>2.1.1</b> <i>There is access to imaging facilities, such as MRI, CT scanning, nuclear medicine (including isotope bone scanning), bone mineral density scanning and diagnostic ultrasound, as appropriate to a specialised musculoskeletal service.</i>
<b>2.2 Each trainee has a designated workspace, including a desk, telephone and IT facilities.</b>	<b>2.2.1</b> <i>There is workspace with appropriate facilities in the area where the trainee spends most of their time.</i>
<b>2.3 There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.</b>	<b>2.3.1</b> <i>There are meeting rooms and other facilities available for multidisciplinary meetings, academic meetings, rounds and journal clubs.</i>

## 3. Profile of Work

RACP STANDARD	MINIMUM REQUIREMENTS
<b>3.1 The setting shall provide a suitable workload and appropriate range of work.</b>	<b>3.1.1</b> <i>The department will provide exposure to as many of the core training conditions listed in the Rheumatology Advanced Training Curriculum as possible and highlight, in Supervisor's/Progress Reports for the year, those areas in which exposure needs to be increased.</i>

	<b>3.1.2</b> <i>The department shall facilitate exposure to specialised clinical situations as part of core clinical experience. These may include structured team based rehabilitation, pain management service (inpatient and/or outpatient), metabolic bone disease clinics, soft tissue rheumatism/musculoskeletal medicine and the use of day care facilities.</i>
	<b>3.1.3</b> <i>There is access to allied health input to patient management with provision for feedback.</i>
	<b>3.1.4</b> <i>The trainee shall attend a minimum of three rheumatology outpatient clinics each week, with at least one of which will be a general rheumatology clinic, where the trainee is supervised by consultant rheumatologists.</i>
	<b>3.1.5</b> <i>Paediatric rheumatology trainees will attend a weekly adult general rheumatology clinic for a minimum of six months during the 24 months of core training time.</i>  <i><u>(This is recommended only for trainees who entered the program from 2026 onwards).</u></i>
	<b>3.1.6</b> <i>The trainee will be trained in the use of both conventional and biologic DMARDs, including the indications for, the measurement of response to, the risks of and the legislative requirements for prescription of all DMARDs, both as single agents and in combination.</i>
	<b>3.1.7</b> <i>The trainee will receive training in the assessment and management of patients with complex rheumatic disease, such as those requiring inpatient care.</i>
	<b>3.1.8</b> <i>The training setting can provide an educational environment to achieve the requirements of the Rheumatology Advanced Training Curriculum.</i>
<b>3.2 Trainees participate in quality and safety activities.</b>	<b>3.2.1</b> <i>Regular clinical audit occurs as part of a quality assurance program. An annual review of clinical activity, a mortality and morbidity review or other, as directed by the supervisors, is strongly encouraged.</i>
	<b>3.2.2</b> <i>Each trainee will keep a logbook of clinical activities in accordance with the requirements outlined in their relevant training program handbook , which will be reviewed by the supervisor and submitted to the RACP, forming part of the trainee's assessment process.</i>
<b>3.3 There is capacity for project work (including research) and ongoing training.</b>	<b>3.3.1</b> <i>The department will have a commitment to research to which the trainee is expected to contribute.</i>

## 4. Teaching and Learning

RACP STANDARD	MINIMUM REQUIREMENTS
4.1 There is an established training program or educational activities, such as multidisciplinary meetings, academic meetings, rounds, and journal clubs.	4.1.1 There must be ongoing weekly clinical meetings on site, including provision for journal club, case presentation, and pathology and radiology meetings.
	4.1.2 Attendance and participation in hospital meetings (e.g. Department of Medicine and hospital grand rounds) is facilitated.
	4.1.3 Trainees have the opportunity to teach junior colleagues, undergraduates and other health professionals, as well as contribute to educational sessions.
4.2 There are opportunities to attend external education activities as required.	4.2.1 Trainees are encouraged to attend academic or other conferences/meetings.
	4.2.2 Attendance at the ARA/NZRA Annual Scientific Meeting and Preceptorship (if held) is facilitated.
	4.2.3 Each trainee is supported to achieve any national and/or international meeting and conference attendance requirements outlined in their relevant training program handbook.
4.3 There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.	4.3.1 The trainee shall be provided with access to information resources.

## 5. Support Services for Trainees

RACP STANDARD	MINIMUM REQUIREMENTS
5.1 There are workplace policies covering the safety and wellbeing of trainees.	5.1.1 Sites must ensure that there is compliance with state and/or hospital health and safety policies and procedures in place.
	5.1.2 The workplace has an occupational health and safety policy appropriate to the activities and environment of its service.
5.2 There is a formal induction/orientation process for trainees.	5.2.1 Supervisors or designees provide an induction/orientation into training at the setting to new trainees within the first week of commencement of training.

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