Physician Readiness for Expert Practice
Advanced Training in Cardiology
2017–18 Program Requirements Handbook
Adult Medicine Division
About the 2017–18 handbook

This handbook outlines the complete program requirements for the RACP Physician Readiness for Expert Practice (PREP) Advanced Training in Cardiology Program. Satisfactory completion of these requirements is necessary for admission to Fellowship of the College or completion of post-Fellowship training. The 2017–18 handbook applies to all Australian and New Zealand based trainees registered in a PREP program in 2017 and/or 2018, 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. Where not specified as being particular to either Australia or New Zealand, information applies to trainees and supervisors in both countries.

2017–18 Program requirement updates

Overseeing committees evaluate training requirements every two years (previously annually) to ensure that they are in line with educational best practice. Requirements are published and communicated accordingly. 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 trainee’s responsibility to ensure that they are following the correct handbook.

<table>
<thead>
<tr>
<th>Changes to program requirements for 2017–18</th>
<th>Rationale for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changes to be implemented in 2017</strong></td>
<td></td>
</tr>
<tr>
<td>Procedural requirement numbers have been increased and combined for implantable cardioverter-defibrillators (ICDs) and cardiac resynchronisation therapy (CRT).</td>
<td>To ensure that trainees gain sufficient exposure to ICDs and CRTs as these are an important part of cardiology practice.</td>
</tr>
<tr>
<td><strong>Changes to be implemented in 2018</strong></td>
<td></td>
</tr>
<tr>
<td>New Research Project requirement for trainees commencing training from 2018 onwards.</td>
<td>To align with College-wide implementation of research projects to enable trainees to gain research skills and experience.</td>
</tr>
<tr>
<td><strong>Supervisor’s Reports</strong></td>
<td></td>
</tr>
<tr>
<td>Final Supervisor’s Report renamed Supervisor’s Report, additional Supervisor’s Report replaces Mid-Year Progress Report for 12-month positions.</td>
<td>To ensure trainees and committees are better informed about trainee progress throughout the year.</td>
</tr>
</tbody>
</table>
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Cardiology
Cardiology is a branch of medicine concerned with the prevention, investigation, therapy of, and research into, disease involving the cardiovascular system.

Program overview
Advanced Training provides a ‘depth’ of specialty training under supervision to prepare trainees for independent practice as consultants. It builds on the skills developed in preceding training through work-based assessments and learning tools as outlined in this handbook.

<table>
<thead>
<tr>
<th>Program</th>
<th>Advanced Training in Cardiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseeing committee(s)</td>
<td>Advanced Training Committee in Cardiology (Australasia) (ATC)</td>
</tr>
<tr>
<td></td>
<td>New Zealand Advanced Training Subcommittee in Cardiology (New Zealand) (NZ ATS)</td>
</tr>
<tr>
<td>Entry requirements</td>
<td>Completion of RACP Basic Physician Training, including the RACP Written and Clinical Examinations</td>
</tr>
<tr>
<td></td>
<td>Current Medical registration</td>
</tr>
<tr>
<td></td>
<td>Appointment to an appropriate Advanced Training position</td>
</tr>
<tr>
<td>Minimum duration</td>
<td>3 years (full-time equivalent (FTE))</td>
</tr>
<tr>
<td>Curricula</td>
<td>Download the Cardiology Advanced Training Curriculum (PDF 1MB)</td>
</tr>
<tr>
<td></td>
<td>Download the Professional Qualities Curriculum (PDF 1MB)</td>
</tr>
<tr>
<td>Qualification</td>
<td>Fellowship of the Royal Australasian College of Physicians (FRACP)</td>
</tr>
</tbody>
</table>

Quick links
- Apply or re-register
- Program requirements overview
- Important dates
- Advanced Training Portal
- Accredited training sites
- Part-time training
- Membership fees (including training fees)
- Supervision
- Download the Advanced Training supervisor amendment form (DOC 153KB)
- Download the Advanced Training interruption of training form (DOC 1.1MB)

Learning and assessment tool forms

Supervisor's reports - Australia
- Download the Cardiology (Adult) Supervisor's Report (Australia) (DOC 101KB)
- Download the Cardiology Electrophysiology Supervisor's Report (Australia) (DOC 944KB)
- Download the Cardiology Cardiothoracic Surgery Supervisor's Report (Australia) (DOC 1MB)

Supervisor's and Trainee's Reports - New Zealand only
- Download the Cardiology (Adult) Supervisor's Report (New Zealand) (DOC 101KB)
- Download the Cardiology Electrophysiology Supervisor's Report (New Zealand) (DOC 118KB)
- Download the Cardiology (Adult) Trainee Report Guidelines (DOC 62KB)
- Download the Cardiology Trainees Report Cover Sheet (DOC 103KB)

Logbooks
Download the Cardiology (Adult) Logbook Template (XLS 780KB)

Contact us
Australia
Phone: +61 2 8247 6231
Email: cardiology@racp.edu.au

New Zealand
Phone: +64 4 472 6713
Email: cardiology@racp.org.nz
Apply for Advanced Training

Eligibility
New trainees can apply for Advanced Training after completing Basic Training, including passing the Divisional Written and Clinical Examinations. They must have current medical registration and appointment to an appropriate Advanced Training position at a suitable training site.

Advanced Training positions
Core training usually needs to be undertaken at accredited training sites that have been accredited by the overseeing committee for Advanced Training in the relevant specialty.

Some specialty groups conduct a coordinated Advanced Trainee Selection and Matching process for appointing trainees to training positions. Details of participating states, regions and specialties are available from June each year.

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

Approval and certification of training
Once trainees have secured a training position, they must prospectively apply for approval as per the Progression through Training Policy.

Approval of training periods will be determined by the overseeing committee. To be approved, a trainee’s individual training program must be consistent with the training requirements and appropriate for the stage in training.

Upon completion of each rotation or calendar year of training, the overseeing committee considers each trainee’s progress according to the program requirements. If all requirements of training have been satisfactorily completed, the overseeing committee will certify the period of training.

How to apply
Both new and current trainees need to apply for Advanced Training each year.

Australian Trainees
Apply online for Advanced Training by the due dates below. Where online registration is not available please download, complete and submit the application form to apply for Advanced Training in Cardiology (DOC 472KB).

New Zealand Trainees
Download, complete and submit the application form to apply for Advanced Training in Cardiology (DOC 475KB) by the due dates below. Trainees must organise the timely submission of all necessary documentation, keep a copy of the application for future reference and pay required fees.

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>

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 to 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>
College training program resources
This handbook should be used alongside the following resources.

Curricula
RACP curricula outline the learning objectives and associated knowledge, skills, attitudes and behaviours required of graduates of College training programs across program-specific/clinical and non-program/non-clinical attributes.

- Download the Cardiology Advanced Training Curriculum (PDF 1MB)
- Download the Professional Qualities Curriculum (PDF 1MB)

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

- summary of training completed and required
- detailed information on training rotations, including approval and certification decisions
- past examination results
- online teaching and learning and formative assessment tools
- information sheets, workflows, rating forms and interactive video tutorials for online tools

Education policies
Education policies underpin all training requirements.
Key education policies include the following:

- Academic Honesty and Plagiarism
- Flexible Training
- Progression through Training
- Recognition of Prior Learning
- Special Consideration for Assessments
- Trainee in Difficulty Support Policy

Variations in training and flexible training options
Variations in training processes cover dual, joint, conjoint and post-fellowship training.
Flexible training option information covers part-time training, interruptions to training, withdrawing from training and exceptional circumstances.

Trainee responsibilities
All trainees are adult learners who must understand trainee responsibilities and play a role in teaching and mentoring junior doctors.
The College is committed to supporting trainees who are experiencing difficulty in their training. If trainees or supervisors are experiencing difficulty, they should contact their Education Officer and the Training Support Unit.

Supervisor roles and responsibilities
Supervision in PREP training involves a comprehensive level of educationally-focused support for trainees. The College runs supervisor workshops to help develop required skills for this role.

Accreditation of settings
Core training is usually conducted in training positions at accredited training sites that have been accredited by the overseeing committee.
eLearning@RACP

eLearning@RACP is a central, online space which supports College members in their learning. It contains educational resources developed by the RACP or shared by other postgraduate medical colleges. College members can login and access courses and modules designed and developed in collaboration with Fellows, trainees and education committees, on topics including:

- Communication
- Indigenous Health
- Research
- Supervisor Professional Development
- Telesupervision

These courses and modules are optional, and completion is not a program requirement.

Admission to Fellowship

Trainees are eligible to be admitted to Fellowship of the College on the completion of all requirements of training. The College will invite trainees to apply for Fellowship once the overseeing committee has recommended them for admission. The admission process involves completion of an application form, and the payment of a fee.

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

All Fellows in Australia, New Zealand and overseas who are in active practice must meet the requirements of a Continuing Professional Development (CPD) program.
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 the certification of training, progression through training and program completion.

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 minimum overall duration of training.

Overseeing committees evaluate training requirements every two years (previously annually) to ensure that they are in line with educational best practice. Requirements are published and communicated accordingly. 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 trainee’s responsibility to ensure that they are following the correct handbook and are aware of the current program requirements. They must also ensure that they are familiar with current RACP education policies and processes, such as those for dual trainees.

Program requirements overview – Australia

<table>
<thead>
<tr>
<th>Core training (36 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
</tr>
<tr>
<td>• Cardiology Advanced Training Curriculum</td>
</tr>
<tr>
<td>• Professional Qualities Curriculum</td>
</tr>
<tr>
<td><strong>Supervision</strong> per rotation:</td>
</tr>
<tr>
<td>• 2 supervisors with FRACP (required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and learning requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Per year:</strong></td>
</tr>
<tr>
<td>• 2 Learning Needs Analysis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Per rotation:</strong></td>
</tr>
<tr>
<td>• 1 Supervisor’s Report (2 for 12-month rotations)</td>
</tr>
<tr>
<td><strong>Per year:</strong></td>
</tr>
<tr>
<td>• 2 Case-based Discussions</td>
</tr>
<tr>
<td>• 2 mini-Clinical Evaluation Exercises</td>
</tr>
<tr>
<td>• 2 Direct Observations of Procedural Skills</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 Electrophysiology (EP) Supervisor’s Report
• 1 Cardiotoracic Surgical Training (CST) Supervisor’s Report
• 1 Research Project (for trainees commencing training in 2018 onwards)
• 1 published article and/or presentation (for trainees who commenced training before 2018)
• 2 Quality Assurance/Audits (for trainees who commenced training before 2018)
## Program requirements overview – New Zealand

### Core training (36 months)

#### Content

- Cardiology Advanced Training Curriculum
- Professional Qualities Curriculum

#### Supervision

**Supervision** per rotation:
- 1 supervisor with FRACP (required)
- A second supervisor who may or may not have FRACP

### Teaching and learning requirements

**Per year:**
- 2 Learning Needs Analysis

**Assessment**

**Per rotation:**
- 1 Supervisor’s Report (2 for 12-month rotations)
- 1 Trainee’s Report

**Per year:**
- 2 Case-based Discussions
- 2 mini-Clinical Evaluation Exercises
- 2 Direct Observations of Procedural Skills

### 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 Electrophysiology (EP) Supervisor’s Report
- 1 Research Project (for trainees commencing training in 2018 onwards)
- 1 published article and/or presentation (for trainees who commenced training before 2018)
- 2 Quality Assurance/Audits (for trainees who commenced training before 2018)
### Time-based requirements - Training time and rotations

**Purpose**
To ensure adequate time for trainees to gain necessary learning experiences across a range of relevant rotations.

<table>
<thead>
<tr>
<th>Total training time</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 years (36 months (FTE))</td>
</tr>
</tbody>
</table>

**Training rotations**
A minimum of 36 months must be spent in accredited core clinical training positions.

<table>
<thead>
<tr>
<th>Training time in Australia/New Zealand</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 24 months of Advanced Training in Cardiology must be undertaken in Australia and/or New Zealand. This is to ensure that trainees receive adequate exposure to local practices and health services.</td>
</tr>
</tbody>
</table>

**Other requirements**
It is strongly recommended that trainees complete their Advanced Training at more than one training site.

### Supervision requirements

**Purpose**
To provide trainees with appropriate support and guidance to complete the training program.

<table>
<thead>
<tr>
<th>Core training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
</tr>
<tr>
<td>• 2 supervisors with FRACP</td>
</tr>
<tr>
<td>New Zealand</td>
</tr>
<tr>
<td>• 1 supervisor with FRACP</td>
</tr>
<tr>
<td>• 1 supervisor who may or may not have FRACP</td>
</tr>
</tbody>
</table>

**More information**
- [Supervision](#)
- [Download the Advanced Training supervisor amendment form (DOC 153KB)](#)
**Work-based learning and assessment tools**

PREP teaching and learning activities are designed to support reflective practice and self-directed learning. A variety of teaching and learning activities and assessments 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.

Trainees are required to complete all teaching and learning activities, including formative and summative assessments, throughout training.

Formative assessments focus on assessment for learning through feedback and guidance. The College’s formative assessments aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee’s performance. The College’s formative assessments are based on existing workplace-based assessment methods and best practice in medical education.

Summative assessments focus on judgements about trainee progression, resulting in pass or fail decisions on a trainee’s performance.

<table>
<thead>
<tr>
<th><strong>Case-based Discussion (CbD)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To guide the trainee’s learning through structured feedback and help the supervisor evaluate the expertise and judgement exercised in clinical cases. This is a formative assessment.</td>
</tr>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td><em>Australia</em>: Two per year, due by 31 January of the following year</td>
</tr>
<tr>
<td><em>New Zealand</em>: Two per year, due by the end of the training rotation</td>
</tr>
<tr>
<td><strong>More information</strong></td>
</tr>
<tr>
<td>• Enter CbD rating form data into the <a href="#">Advanced Training Portal</a></td>
</tr>
<tr>
<td>• <a href="#">Case-based Discussion information sheet, workflow, rating form and other resources</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Direct Observation of Procedural Skills (DOPS)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To guide trainee learning and achievement of competency in procedural skills through direct observation and the provision of structured feedback. This is a formative assessment.</td>
</tr>
<tr>
<td><strong>Requirement</strong></td>
</tr>
<tr>
<td><em>Australia</em>: Two per year, due by 31 January of the following year</td>
</tr>
<tr>
<td><em>New Zealand</em>: Two per year, due by the end of the training rotation</td>
</tr>
<tr>
<td><strong>Acceptable procedures</strong></td>
</tr>
<tr>
<td>• Cardiac Catheterisation</td>
</tr>
<tr>
<td>• Echocardiography</td>
</tr>
<tr>
<td><strong>More information</strong></td>
</tr>
<tr>
<td>• Enter DOPS rating form data into the <a href="#">Advanced Training Portal</a></td>
</tr>
<tr>
<td>• <a href="#">DOPS Information sheet, rating form, workflow and procedure lists</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Learning Needs Analysis (LNA)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To embed the process of planning and evaluating learning in the trainee’s practice.</td>
</tr>
<tr>
<td><strong>Requirement</strong></td>
</tr>
</tbody>
</table>
### Learning Needs Analysis (LNA)

- **Australia**: Two per year, early in the rotation due by 31 January of the following year
- **New Zealand**: Two per year, early in the rotation due by the end of the training rotation

#### More information
- Complete and submit the LNA via the Advanced Training Portal
- Learning Needs Analysis information sheet, workflow and other resources

### Logbook of procedures

#### Purpose
To ensure that trainees have adequate exposure to a range of clinical procedures and techniques in preparation for physician practice.

#### Requirement
One over the course of training kept and updated regularly throughout training. A summary of procedure numbers is to be submitted with each Supervisor’s Report.

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 are of the utmost importance. The logbook must be maintained using the logbook template and be available at all times for review. 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.

#### Required procedures

The following procedure numbers are minimum requirements only. Trainees must log all completed procedures over the course of their training even after completing the minimum numbers below.

**Pacemaker:**
- Perform temporary transvenous pacemaker insertion  
  *Minimum number:* 10 cases
- Participate in or observe permanent pacemaker implantation  
  *Minimum number:* 10 cases
- Participate in testing permanent pacemaker function in follow-up clinics  
  *Minimum number:* 100 cases, 50 of which should be dual chamber pacemakers

**Implantable cardioverter-defibrillators (ICD) and cardiac resynchronisation therapy (CRT):**
- Participate in decision making concerning referral for ICDs
- Participate in or observe the ICD procedure
- Participate in ICD post-procedure management
- Participate in decision making, assessment and management of patients undergoing CRT in ambulatory care or inpatient settings  
  *Minimum number:* 20 cases: Participate in decision to implant or observe implantation (minimum 6 cases); review patient with a device previously implanted (remaining cases)

**Pericardial aspiration:**
- Pericardial aspiration under supervision  
  *Minimum number:* 6 cases

**Holter monitor:**
- Report Holter monitors under supervision  
  *Minimum number:* 100 cases

**Exercise electrocardiography:**
Logbook of procedures

- Supervise and report exercise ECG test
  *Minimum number: 100 cases*

**Direct current cardioversion:**
- Perform direct current cardioversion
  *Minimum number: 10 cases*

**Right heart catheter:**
- Perform and report right heart catheterisation and haemodynamics
  *Minimum number: 25 cases*

**Left heart catheter and coronary angiography:**
- Perform and report left heart catheterisation and coronary angiography
  *Minimum number: 150 cases, 75 of which should be as primary operator*

**Intra-aortic balloon pump:**
- Insert intra-aortic balloon pumps under supervision
  *Minimum number: 3 cases*

**Echocardiography:**
- Report echocardiograms under supervision
  *Minimum number: 600 cases, at least 50 of which should be transoesophageal*
- Perform and report transthoracic echocardiograms
  *Minimum number: 300 cases, may be included in the 600 echocardiograms reported under supervision*
- Observe or participate in transoesophageal echocardiogram cases
  *Minimum number: 50 cases, may be included in the 600 echocardiograms reported under supervision*
- Observe or participate in stress echocardiogram cases
  *Minimum number: 25 cases, may be included in the 600 echocardiograms reported under supervision*

**Ambulatory care:**
- Manage patients in an ambulatory care (outpatient) setting under supervision
  *Minimum number: 300 patients, of which 150 are new patients*

**Electrophysiology:**
- See *Other requirements* section for more information
  *Minimum duration: 3 weeks*

**Cardiothoracic surgical rotation:**
- See *Other requirements* section for more information
  *Minimum duration: 2 weeks*

**Specific documentation required in logbooks**

**Electrophysiology (EP) documentation**: Should include cases presented and observed and a Supervisor’s Report confirming satisfactory attendance during EP attachment signed by the supervising EP consultant.

**Catheter and coronary angiography documentation**: The trainee must maintain a logbook of procedures undertaken, which must include the nature of the procedure, diagnosis and findings, any complications of the procedure, and the role of the trainee. The trainee must review the logbook with his/her supervisor at least quarterly each year.

**Echocardiogram documentation**: The trainee should maintain a logbook of all the above echocardiography examinations, including the clinical indication for the test, the nature of the examination, role of the trainee, diagnosis and findings, and any complications. The logbook should be reviewed with the supervisor quarterly during each year.

**Cardiothoracic surgical (CTS) rotation documentation**: Details of the patients assessed must be recorded, as well as their pre-operative assessment, investigations, observed surgery,
Logbook of procedures
and immediate post-operative care. Trainees should also detail cases presented during the rotation and provide a statement of satisfactory attendance during the CTS attachment signed by the supervising surgeon.
* See Other requirements section for more information.

More information and resources
- Learning and assessment tool forms

Mini-Clinical Evaluation Exercise (mini-CEX)

**Purpose**
For the trainee to receive timely, structured feedback on their performance in real clinical situations. This is a formative assessment.

**Requirement**
- **Australia:** Two per year, due by 31 January of the following year
- **New Zealand:** Two per year, due by the end of the training rotation

**More information**
- Complete and submit the mini-CEX via the Advanced Training Portal
- Mini-Clinical Evaluation Exercise information sheet, workflow, rating form and other resources

Supervisor’s Reports

**Mid-Year Progress Report (up to and including 2017)**

**Purpose**
To provide trainees with structured feedback on their performance over the first six months of a 12-month rotation. This is a formative assessment.

**Requirement**
- **Australia:** One per 12-month rotation completed mid-rotation and due by 15 July
- **New Zealand:** One per 12-month rotation completed mid-rotation and due by 31 May or 31 October

**More information**
- More information on Supervisor’s Reports
- Learning and assessment tool forms

**Final Supervisor’s Report (up to and including 2017)**

**Purpose**
To evaluate and provide feedback on the trainee’s progress, which informs the certification of training decision. This is a summative assessment.

**Requirement**
One Final Supervisor's report is due per rotation
- **Australia**
  For Advanced Trainees in 12-month positions
  - a Final Supervisor’s Report is to be submitted by 31 January of the following year.
Supervisor’s Reports

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 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 by 15 October.

**New Zealand**

For Advanced Trainees in 12-month positions:

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

The Final Supervisor’s Report must be completed by supervisors who have directly supervised the trainee. 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.

It is the trainee’s responsibility to ensure that all supervisors receive a copy of the Supervisor’s Report. Failure to do this may result in delays or non-certification of a period of training.

Progression to the next year of training is dependent upon the College receiving satisfactory Supervisor’s Report(s) covering the full year/period of training completed.

Trainees must provide copies of previous Final Supervisor’s Report(s) to the next year/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).

**More information**

- More information on Supervisor’s Reports
- Learning and assessment tool forms
- Progression through Training Policy

**Supervisor’s Report (2018 onwards)**

**Purpose**

To evaluate and provide feedback on the trainee’s progress, which informs the certification of training decision. This is a summative assessment.

**Requirement**

One Supervisor’s Report is due per rotation, minimum two per year.

**Australia**

For Advanced Trainees in 12-month positions:

- One Supervisor’s Report is to be submitted by 15 July for the first six months of the calendar year.
- One Supervisor’s Report is to be submitted by 31 January of the following year covering the final six months of the calendar year.

For Advanced Trainees in positions of six months or less with separate supervisors, or at separate sites:
### Supervisor’s Reports

- One 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).

Advanced Trainees approaching the end of their training should submit a report that covers the whole second half of the year by 15 October.

**New Zealand**

For Advanced Trainees in 12-month positions:

- One Supervisor’s Report including Trainee’s Report is to be submitted by 31 May for the first six months of the rotation.
- One Supervisor’s Report including Trainee’s Report is to be submitted by 31 October covering the full 12 months.

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

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

The Supervisor’s Report must be completed by supervisors who have directly supervised the trainee. 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.

It is the trainee’s responsibility to ensure that all supervisors receive a copy of the Supervisor’s Report. Failure to do this may result in delays or non-certification of a period of training.

Progression to the next year of training is dependent upon the College receiving satisfactory Supervisor’s Report(s) covering the full year/period of training completed.

Trainees must provide copies of previous Supervisor’s Report(s) 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).

### More information

- [More information on Supervisor’s Reports](#)
- [Learning and assessment tool forms](#)
- [Progression through Training Policy](#)

### Trainee’s Report

**Purpose**

To provide feedback to the College for use in future training program evaluations and to encourage trainees to reflect on their training rotations to embed reflection and review into their practice.

**Requirement**

**Australia:** Not required

**New Zealand:** One per rotation submitted with the Final Supervisor's Report at the end of each rotation and due by 31 May/31 October

### More information

- [More information on Trainee’s Reports](#)
- [Learning and assessment tool forms](#)
### Other requirements

#### Cardiothoracic Surgical Training (CST)

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>To ensure trainees complete sufficient CTS training and receive formal feedback on this training.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirement</strong></td>
<td></td>
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</tbody>
</table>

**Australia:** Once over the course of training due by 15 October in the final year of training; a CTS Supervisor’s Report must be submitted by the conclusion of training.

**New Zealand:** Not required

Over the course of the three years of core training, a minimum of two quarantined full weeks’ attachment to a cardiothoracic surgical unit is required. This may be achieved by a one-week attachment in two years of training, but variations in the detail may be made to suit staffing requirements of individual cardiology and surgical units. Trainees are expected to complete and record evidence of the minimum requirements in coronary artery bypass grafting, valve surgery, ward rounds, unit meetings and case presentations. A clinical and surgical supervisor is required to provide formal feedback on the experience gained by individual trainees.

**Procedures**

**Coronary artery bypass grafting:**
- In sites where off-pump operations are performed
- An off-pump case should be included in the three cases
  
  *Minimum number:* 3 cases

**Valve surgery:**
- One aortic valve and one mitral valve
  
  *Minimum number:* 2 cases

**ICU/CICU ward rounds:**
- Participation in the daily ward rounds for the duration of the attachment
  
  *Minimum number:* Daily

**Unit meetings:**
- Attend and participate in multidisciplinary meetings within the CTSU
  
  *Minimum number:* As required

**Brief case presentations:**
- Two of the above cases should be discussed as brief presentations to a working meeting of the CTSU in the presence of the supervising surgeons
  
  *Minimum number:* 2 cases (one per week), 10 minutes per case

**More information**
- [Learning and assessment tool forms](#)

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#### Electrophysiology (EP) Training

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>To ensure that trainees build a level of competency in the evaluation of cardiac arrhythmias.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requirement</strong></td>
<td></td>
</tr>
</tbody>
</table>

Once over the course of training due by 15 October in the final year of training; an EP Supervisor’s Report must be submitted by the conclusion of training. Exposure to EP training can be gained by a single dedicated attachment to an EP unit for at least three weeks or a series of attachments (i.e. a session or day) over the training period. Trainees are expected to participate in the clinical decision to recommend the undertaking of EP studies/ablation procedures/device implantations, to observe the procedures, and to
Electrophysiology (EP) Training

participate in the immediate post-procedure management and the discussion regarding subsequent treatment. Trainees must submit a completed EP Supervisor’s Report by the conclusion of their training.

### Procedures

**Electrophysiology studies:**
- Participate in the decision making concerning referral for EP studies
- Participate in the performance of the study, interpretation of reports, and post-procedure management
- *Minimum number:* 20 cases

**Catheter ablation:**
- Participate in the decision making concerning referral for EP study and catheter ablation
- Participate in ablation techniques, interpretation of reports, and post-procedure management
- *Minimum number:* 10 cases, may be included as part of 20 EP studies

**Pacemaker implantation:**
- Assess patients and their prior investigation results
- Explain indications for pacing
- Understand possible procedural and long-term complications of pacemaker implantation
- Be present at the insertion of both single chamber and dual chamber pacemakers
- Participate in immediate post-implantation management
- *Minimum number:* 10 cases

**ICD implantation:**
- Assess a patient’s suitability for ICD implantation
- Understand possible procedural and long-term complications of ICD implantation
- Understand the basics of the programming of the ICD
- Be involved in post-procedure care
- *Minimum number:* 3 cases

**Cardiac resynchronisation devices (CRT):**
- Understand the indications for CRT and the principles underlying this mode of treatment for patients with congestive cardiac failure
- Be present at the implantation of the device and have an understanding of the technical issues both during and after implantation
- Understand the principles of optimisation of CRT settings
- *Minimum number:* 3 cases

**Operational skills for temporary pacing wire insertion:**
- Acquire the operational skills to perform right heart catheterisation via the femoral vein; these skills could be acquired through direct participation in EP studies
- Manage a temporary pacing wire post insertion
- *Minimum number:* As required

**Attend pacemaker clinic:**
- Demonstrate an understanding of the pacemaker programming modes
- Recognise and troubleshoot pacemaker dysfunction and appreciate the principles of resynchronisation therapy
- *Minimum number:* 20 patients, may be included in the 100 pacemaker reviews to meet logbook requirements
Electrophysiology (EP) Training

**Ward rounds:**
- Participate in the daily review of patients admitted for investigation and management of arrhythmias
- *Minimum number:* Daily

**Brief case presentation:**
- Each case should include discussion of both acute and long-term arrhythmia management strategies
- *Minimum number:* 2 cases, 10 minutes per case

More information
- [Learning and assessment tool forms](#)

Research requirements

**Purpose**
To enable trainees to gain experience in research methods; in interpretation of research literature; in participation in research at some stage of their career; and to develop quality improvement skills. Submission of a research project provides evidence of the skills of considering and defining research problems; the systematic acquisition, analysis, synthesis and interpretation of data; and effective written communication.

*For trainees commencing training in 2018 onwards:*
Trainees who commenced training in 2018 onwards must complete 1 Research Project as detailed below.

*For trainees who commenced training before 2018:*
Trainees who commenced training before 2018 must complete 1 Publication/presentation and 2 Quality Assurance/Audits as detailed below.

**Research Project (for trainees commencing training in 2018 onwards)**

**Requirement**
*For trainees commencing training in 2018 onwards:*
One over the course of training due by the annual submission date in any year before the end of Advanced Training.

**Australia:** Due by 15 September

**New Zealand:** Due by 31 October

The research project must be marked as satisfactory prior to admission to Fellowship. It is recommended that trainees submit their research project by the annual submission date in their penultimate year of training to allow time for marking and resubmission of research projects initially marked ‘Resubmit’.

It is recommended that trainees present their research at the Cardiac Society Annual Scientific Meeting (or equivalent).

*For trainees who commenced training before 2018:*
The Research Project is not required - see below for pre-2018 research requirements

More information
- [More information on Research Projects](#)
- [Research Projects eLearning@RACP module](#)
- [Education policies](#)
### Research requirements

#### Publication/presentation and Quality Assurance/Audits
(for trainees who commenced before 2018)

**Requirement**

*For trainees commencing training in 2018 onwards:*
The publication/presentation and Quality Assurance/Audits are not required – [see above](#) for research requirements for 2018 onwards.

*For trainees who commenced training before 2018:*
One publication/presentation and two Quality Assurance/Audits to be completed before the submission of the Supervisor’s Report and due by 15 October in the final year of training.

**Publication/presentation**
Trainees are required 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.

**Quality Assurance/Audits**
Trainees are required to complete two Quality Assurance/Audits. These must be presented at the training hospital during the training period and must be certified by the Supervisor in the Supervisor’s Report.
## Important dates

### Australia

<table>
<thead>
<tr>
<th>Month</th>
<th>Important Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January–March</strong></td>
<td></td>
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<tr>
<td>15 February</td>
<td>• Applications for Approval of Advanced Training due</td>
</tr>
<tr>
<td></td>
<td><em>Other activities to be completed this quarter</em></td>
</tr>
<tr>
<td></td>
<td>• Direct Observation of Procedural Skills</td>
</tr>
<tr>
<td></td>
<td>• Learning Needs Analysis</td>
</tr>
<tr>
<td><strong>April–June</strong></td>
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<tr>
<td></td>
<td><em>Activities to be completed this quarter</em></td>
</tr>
<tr>
<td></td>
<td>• Learning Needs Analysis self-evaluation</td>
</tr>
<tr>
<td></td>
<td>• Mini-Clinical Evaluation Exercise</td>
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<tr>
<td></td>
<td>• Case-based Discussion</td>
</tr>
<tr>
<td><strong>July–September</strong></td>
<td></td>
</tr>
<tr>
<td>15 July</td>
<td>• Mid-Year Progress Report for trainees in 12-month positions due</td>
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<tr>
<td></td>
<td>• Final Supervisor’s Report for trainees in less than 12-month positions due</td>
</tr>
<tr>
<td>31 August</td>
<td>• Applications for Approval of Advanced Training for the second half of the year due</td>
</tr>
<tr>
<td></td>
<td><em>Other activities to be completed this quarter</em></td>
</tr>
<tr>
<td></td>
<td>• Learning Needs Analysis</td>
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<tr>
<td></td>
<td>• Case-based Discussion</td>
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<tr>
<td></td>
<td>• Direct Observation of Procedural Skills</td>
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<tr>
<td><strong>October–December</strong></td>
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<tr>
<td>15 October</td>
<td>• Final Supervisor’s Report and all PREP tools due for trainees eligible for December</td>
</tr>
<tr>
<td></td>
<td><em>Fellowship</em></td>
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<tr>
<td></td>
<td>• Mini-Clinical Evaluation Exercise</td>
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<tr>
<td></td>
<td>• Learning Needs Analysis self-evaluation</td>
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<tr>
<td><strong>January</strong></td>
<td></td>
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<tr>
<td>31 January</td>
<td>• Previous year’s Final Supervisor’s Report and all PREP tools due for trainees <em>not</em></td>
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<td>applying for Fellowship in December</td>
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</tbody>
</table>
### New Zealand

<table>
<thead>
<tr>
<th>December–February</th>
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</thead>
<tbody>
<tr>
<td><strong>Activities to be completed this quarter</strong></td>
</tr>
<tr>
<td>- Learning Needs Analysis</td>
</tr>
<tr>
<td>- Mini-Clinical Evaluation Exercise</td>
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<table>
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<tr>
<th>March–May</th>
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<tbody>
<tr>
<td><strong>31 March</strong></td>
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<tr>
<td>- Applications for Approval of Advanced Training for April–August rotations due</td>
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<tr>
<td><strong>31 May</strong></td>
</tr>
<tr>
<td>- Applications for Approval of Advanced Training for the second half of the current year due</td>
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<tr>
<td>- Final Supervisor’s Report for rotations completed in the first half of the year due</td>
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<tr>
<td>- Trainee’s Report for the first half of the year due</td>
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<tr>
<td>- Mid-Year Progress Report for trainees in 12-month (Dec-Dec) rotations due</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>June–August</th>
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<tbody>
<tr>
<td><strong>Other activities to be completed this quarter</strong></td>
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<td>- Learning Needs Analysis</td>
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<table>
<thead>
<tr>
<th>September–December</th>
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<tbody>
<tr>
<td><strong>31 October</strong></td>
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<tr>
<td>- Trainee’s Report for the second half of the year, or the whole year, due</td>
</tr>
<tr>
<td>- Final Supervisor’s Report for rotations completed in the second half of the year or the whole year due</td>
</tr>
<tr>
<td>- Applications for Approval of Advanced Training for the first half or whole of the following year due</td>
</tr>
<tr>
<td>- Mid-Year Progress Report for trainees in 12-month (Jun-Jun) rotations due</td>
</tr>
</tbody>
</table>

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

RACP policies

- Education policies
- Privacy Policy for Personal Information
- Code of Conduct and Working Together Policy

RACP initiatives

Pomegranate Podcasts (Pomcast) is a monthly medical podcast created by physicians, for physicians.
Evolve is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

Useful contacts

<table>
<thead>
<tr>
<th>Contact the College</th>
<th>Australia</th>
<th>New Zealand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Services Contact Centre</td>
<td>Email: <a href="mailto:racp@racp.edu.au">racp@racp.edu.au</a></td>
<td>Email: <a href="mailto:racp@racp.org.nz">racp@racp.org.nz</a></td>
</tr>
<tr>
<td></td>
<td>Phone: 1300 MyRACP 1300 69 7227</td>
<td>Phone: 0508 MyRACP 0508 69 7227</td>
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<table>
<thead>
<tr>
<th>Other College contacts</th>
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<tbody>
<tr>
<td>Education Officers</td>
<td>Australia</td>
<td>New Zealand</td>
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<tr>
<td></td>
<td>Email: <a href="mailto:cardiology@racp.edu.au">cardiology@racp.edu.au</a></td>
<td>Email: <a href="mailto:cardiology@racp.org.nz">cardiology@racp.org.nz</a></td>
</tr>
<tr>
<td></td>
<td>Phone: +61 2 8247 6231</td>
<td>Phone: +64 4 472 6713</td>
</tr>
<tr>
<td>Training Support</td>
<td>Australia</td>
<td>New Zealand</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td>Phone: +61 2 9256 5457</td>
<td>Phone: +64 4 472 6713</td>
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<td>Email: <a href="mailto:supervisor@racp.edu.au">supervisor@racp.edu.au</a></td>
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<tr>
<td></td>
<td>Phone: +61 2 8076 6300</td>
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<tr>
<td>College Trainees' Committee</td>
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<tr>
<td>New Zealand Trainees’ Committee</td>
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<td></td>
<td>Email: <a href="mailto:traineescommittee@racp.org.nz">traineescommittee@racp.org.nz</a></td>
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</tbody>
</table>
### Other College contacts

| The New Zealand Trainees’ Committee represents and advocates on behalf of trainees. |

### Other contacts

**Specialty societies**

*Specialty societies* are medical/scientific societies that bring together research and clinical scientists and physicians who are actively involved in a particular area of medical practice, e.g. cardiology, geriatric medicine. The specialty societies are independent organisations that contribute to physician education through their members’ involvement in College education committees and activities.

**Cardiac Society of Australia and New Zealand**

The [Cardiac Society of Australia and New Zealand](https://www.csanz.org.au) is the peak professional body representing cardiology physicians/paediatricians in Australia and New Zealand.