

ENTRY CRITERIA

Summary of proposed changes

- No proposed changes

PROFESSIONAL EXPERIENCE

Summary of proposed changes

- Definition of non-core training updated. (see Appendix 1).

LOCATION OF TRAINING

Summary of proposed changes

- 24 months of training (core and non-core) must be completed in Australia and/or Aotearoa New Zealand rather than 12 months of core training

CURRENT REQUIREMENT	<p>Prospective trainees must:</p> <ul style="list-style-type: none"> • have completed RACP Basic Training, including the Written and Clinical Examinations • hold a current medical registration • have been appointed to an appropriate Advanced Training position
PROPOSED REQUIREMENT	<p>Prospective trainees must:</p> <ul style="list-style-type: none"> • have completed RACP Basic Training, including the Written and Clinical Examinations • hold a General medical registration with the Medical Board of Australia if applying in Australia, or a medical registration with a general scope of practice with the Medical Council of New Zealand and a practicing certificate if applying in Aotearoa New Zealand. • have been appointed to an appropriate Advanced Training position

CURRENT REQUIREMENT	<p>36 months of certified training time consisting of:</p> <ul style="list-style-type: none"> • A minimum 24 months (FTE) of core training in accredited clinical training position must be completed at separate sites and precede your non-core training. • Maximum 12 months (FTE) of non-core training can be undertaken in further rheumatology clinical training, research or other clinical training such as: <ul style="list-style-type: none"> ○ general medicine ○ general paediatrics ○ Ultrasonography ○ PhD, MD research or MPH* <p><i>*Trainees are required to attend 1 general rheumatology clinic per week during a non-clinical training year.</i></p>
PROPOSED REQUIREMENT	<p>Complete at least 36 months of relevant professional experience in approved rotations in at least 2 different training settings, including:</p> <ul style="list-style-type: none"> • Minimum 24 months accredited core rheumatology training time (core training to be undertaken prior to non-core unless exception granted by the Progress Review Panel) • Maximum 12 months of approved non-core training. The following may be suitable non-core training for rheumatology: <ul style="list-style-type: none"> ○ Further clinical training in rheumatology (locally or internationally) ○ Research training as part of a higher degree (<i>trainees must attend a minimum of 1 rheumatology clinic per week</i>) ○ Training time in a specialty closely associated with rheumatology (e.g. general medicine, immunology, clinical pharmacology) <p>See Appendix 1 for additional non-core training details.</p>

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • Complete core training at 2 separate training settings • Complete at least 12 months of core training in Australia and/or Aotearoa New Zealand.
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • Complete training in at least 2 different accredited training settings • Complete at least 24 months of training in Australia and/or Aotearoa New Zealand.

LEARNING PROGRAM

Summary of proposed changes

- Learning Needs Analysis replaced by new Learning plan tool that will be common across all RACP Advanced Training programs.

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 2 Learning Needs Analysis per year
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • 1 Learning plan per rotation

LEARNING COURSES

Summary of proposed changes

- Addition of learning courses that will be common across all RACP Advanced Training programs.
- Addition of recommended structured learning course for Rheumatology (Adult Internal Medicine) trainees.

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • RACP Advanced Training Orientation resource (within the first six months of Advanced Training) • RACP Health Policy, Systems and Advocacy resource (recommended completion before the Transition to Fellowship phase) • RACP Supervisor Professional Development Program, by the end of Advanced Training • Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety resource, by the end of Advanced Training • Completion of a structured learning course once over the course of training (recommended only). For example, courses from: <ul style="list-style-type: none"> ○ European Alliance of Associations for Rheumatology ○ American College of Rheumatology

LEARNING ACTIVITIES

Summary of proposed changes

- Trainees required to maintain a logbook of cases managed for 8 weeks, twice during each year of training rather than only during core training.
- Trainees required to maintain a logbook of procedures performed throughout their training rather than only during core training.
- Meetings attendance requirement updated from attending 80% of Australian Rheumatology Association (ARA)/New Zealand Rheumatology Association (NZRA) meetings to at least 1 ASM over the course of training (see Appendix 2 for details).
- Addition of recommendation to present a poster/oral presentation at National or International conference once over the course of training (see Appendix 2 for details).

CURRENT LEARNING ACTIVITIES	<ul style="list-style-type: none"> • 2 Logbooks of cases managed per core training year • 1 Logbook of procedures performed per core training year • Meeting and training activity attendance
PROPOSED REQUIRED LEARNING ACTIVITIES	<ul style="list-style-type: none"> • Logbook – cases managed (required, for 8 weeks, twice during each year of training) • Logbook – procedural (required, ongoing over the course of training) • Attendance at least 1 Annual Scientific Meeting, including Advanced Training preceptorship (required once over the course of training but recommended each year, if possible) • Poster/oral presentation at a National or International conference (recommended once over the course of training)

TEACHING PROGRAM

Summary of proposed changes

- For core training, 2 education supervisors are required of which 1 must be a Fellow of the RACP in Rheumatology. This replaces the requirement for 2 supervisors who are Fellows of the RACP and practicing rheumatologists
- For non-core training, 2 education supervisors are required of which 1 must be a Fellow of the RACP. This replaces the requirement for 2 supervisors who are Fellows of the RACP
- Introduction of Progress Review Panels across all RACP Advanced Training programs

CURRENT REQUIREMENT	<p>Core training</p> <ul style="list-style-type: none"> • 2 x supervisors per rotation, who are Fellows of the RACP and practising rheumatologists <p>Non-core training</p> <ul style="list-style-type: none"> • 1 x supervisor per rotation, who is a Fellow of the RACP (it's recommended they're a practising rheumatologist) • 1 x supervisor per rotation, who can be a Fellow of the RACP <p>Overseas training supervision requirement</p> <ul style="list-style-type: none"> • 1 x Australian-based supervisor per rotation, who is a Fellow of the RACP and a practising rheumatologist • 1x supervisor per rotation, who can be a Fellow of the RACP and a practising rheumatologist <p><i>Overseas-based trainees are encouraged to have an additional Australasian-based supervisor who is a practising rheumatologist</i></p>
PROPOSED REQUIREMENT	<p>Core training:</p> <ul style="list-style-type: none"> • 2 individuals for the role of Education Supervisor <ul style="list-style-type: none"> ◦ Minimum of 1 supervisor per rotation who is a Fellow of the RACP in Rheumatology <p>Non-core training:</p> <ul style="list-style-type: none"> • 2 individuals for the role of Education Supervisor <ul style="list-style-type: none"> ◦ Minimum of 1 supervisor per rotation who is a Fellow of the RACP <p>Other</p> <ul style="list-style-type: none"> • 1 individual for the role of Research Project Supervisor (may or may not be the Education Supervisor) • 1 RACP committee to act as a Progress Review Panel

ASSESSMENT PROGRAM

Summary of proposed changes

- Supervisors' report replaced by new Progress report tool that will be common across all RACP Advanced Training programs.
- Case-based Discussions (CbDs) replaced by new Learning capture tool that will be common across all RACP Advanced Training programs.
- Mini-Clinical Evaluation Exercises (Mini-CEX) and Direct Observation of Procedural Skills (DOPS) replaced by new Observation capture tool that will be common across all RACP Advanced Training programs.
- Trainees report removed.

CURRENT REQUIREMENT	<ul style="list-style-type: none"> • 1 Supervisor's report per rotation • 2 Case-based Discussions per core training year • 4 Mini-Clinical Evaluation Exercises (Mini-CEX) per core training year • 4 Direct Observation of Procedural Skills (DOPS) • 1 Trainee's Report per rotation • 1 Research project
PROPOSED REQUIREMENT	<ul style="list-style-type: none"> • 12 Observation captures per phase • 12 Learning captures per phase • 4 Progress reports per phase • 1 Research project over the course of training

LTA STRUCTURE



- A learning, teaching and assessment (LTA) structure defines the framework for delivery and trainee achievement of the curriculum standards
- Advanced Training is structured in three phases that establish checkpoints for progression and completion.

PROGRESS POINTS

- An **entry decision** is made before entry into the program.
- Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

RATING SCALES

Levels	1	2	3	4	5
Entrustable Professional Activities (EPAs)	Is able to be present and observe	Is able to act with direct supervision	Is able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	Is able to act with supervision at a distance (e.g. supervisor available to assist via phone)	Is able to provide supervision
Knowledge guides	Has heard of some of the topics in this knowledge guide that underpin patient care (<i>heard of</i>)	Knows the topics and concepts in this knowledge guide that underpin patient care (<i>knows</i>)	Knows how to apply the knowledge in this knowledge guide to patient care (<i>knows how</i>)	Frequently shows they can apply knowledge in this knowledge guide to patient care (<i>shows how</i>)	Consistently applies sound knowledge in this knowledge guide to patient care (<i>does</i>)
Professional Behaviours (competencies)	Needs to work on behaviour in more than 5 domains of professional practice	Needs to work on behaviour in 4 or 5 domains of professional practice	Needs to work on behaviour in 2 or 3 domains of professional practice	Needs to work on behaviour in 1 or 2 domains of professional practice	Consistently behaves in line with all 10 domains of professional practice

PROGRESSION CRITERIA

		Entry criteria	Progression criteria		Completion criteria
	Learning goals	At entry into training	End of specialty foundation	End of specialty consolidation	End of Transition to Fellowship
Be	1. Professional behaviours	Level 5	Level 5	Level 5	Level 5
	1. Team leadership	Level 2	Level 3	Level 4	Level 5
	2. Supervision and teaching	Level 2	Level 3	Level 4	Level 5
	3. Quality improvement	Level 1	Level 2	Level 3	Level 5
	4. Clinical assessment and management	Level 2	Level 3	Level 4	Level 5
	5. Management of transitions in care	Level 2	Level 3	Level 4	Level 5
	6. Acute care	Level 2	Level 3	Level 4	Level 5
	7. Longitudinal care / chronic illness management	Level 2	Level 3	Level 4	Level 5
	8. Communication with patients	Level 2	Level 3	Level 4	Level 5
	9. Prescribing	Level 2	Level 3	Level 4	Level 5
	10. Procedures	Level 1	Level 3	Level 4	Level 5
	11. Investigations	Level 2	Level 3	Level 4	Level 5
	12. Clinic management	Level 2	Level 3	Level 4	Level 5
Know (Knowledge Guides)	1. Foundations of adult rheumatology	Level 2	Level 3	Level 4	Level 5
	2. Inflammatory arthritis	Level 2	Level 3	Level 4	Level 5
	3. Connective tissue disease	Level 2	Level 3	Level 4	Level 5
	4. Vasculitis	Level 1	Level 2	Level 3	Level 5
	5. Osteoarthritis, pain syndromes, and regional musculoskeletal disorders	Level 2	Level 3	Level 4	Level 5
	6. Muscle disorders	Level 1	Level 2	Level 3	Level 5
	7. Conditions that overlap with other specialties	Level 1	Level 3	Level 4	Level 4
	8. Auto-inflammatory disease	Level 1	Level 2	Level 3	Level 4

APPENDIX 1

Non-core training

Appendix 1 is to provide further information on the Adult Rheumatology non-core training requirements

Proposed non-core training time requirements

During non-core training, the trainee is expected to undertake a year of training that substantively contributes to their development as a rheumatologist.

- Trainees must demonstrate progression in rheumatology learning goals in both core and non-core training and have met the expected standard as set out in the progression levels to transition to the next phase of training. Trainees who have not met this standard may require more time.
- The trainee will need to submit their plan for their non-core year to the Advanced Training Committee (ATC) in Rheumatology by a certain date in order to have the plan approved. It is up to the trainee to explain in their application how their planned year will meaningfully contribute to their development as a rheumatologist.
- Examples of non-core years which would often be considered acceptable include;
 - Further clinical training in rheumatology (locally or internationally)
 - Research training as part of a higher degree (including some ongoing clinical training).
Trainees must attend a minimum of 1 rheumatology clinic per week.
 - Training time in a speciality closely associated with rheumatology (e.g. general medicine, immunology, clinical pharmacology)
- Other non-core years may be considered on a case-by-case basis. A year in another specialty alone is generally not considered satisfactory training for a non-core rheumatology year.

APPENDIX 2

Meeting Attendance

Appendix 2 is to provide further information on the current Adult Rheumatology meeting attendance requirements.

Current meeting attendance requirements

Attendance at meetings and training activities ensures valuable participation and interaction time with other rheumatology trainees and experts in a formal education setting throughout training.

Recommended activities and meetings

- Australian Rheumatology Association (ARA) Annual Scientific Meeting (priority attendance for Australian trainees)
- New Zealand Rheumatology Association (NZRA) Annual Scientific Meeting (priority attendance for Aotearoa New Zealand trainees)
- Department/hospital training activities as directed by your supervisor
- Local/regional Australian Rheumatology Association/New Zealand Rheumatology Association meetings
- Trainee teaching/journal clubs
- Advanced Trainee preceptorship
- Presenting at hospital grand rounds
- Presenting at an ARA and/or NZRA monthly meetings (with literature review)
- Other local/regional weekend/scientific meetings (if available)
- Overseas rheumatology conferences

Requirements for Australian trainees

- 80% attendance required (minimum) at training activities and meetings organised by the Australian Rheumatology Association (state or national)

Requirements for Aotearoa New Zealand trainees

- 80% attendance required (minimum) at training activities and meetings organised by the New Zealand Rheumatology Association

Certification

- Confirmation of your meeting and training activities is to be noted by your Supervisor in the Supervisor's Report

Proposed meeting attendance requirements

- Attendance at least 1 meeting, including Advanced Training preceptorship (required once over the course of training but recommended each year, if possible):
 - Australian Rheumatology Association (ARA) Annual Scientific Meeting (priority attendance for Australian trainees)
 - New Zealand Rheumatology Association (NZRA) Annual Scientific Meeting (priority attendance for Aotearoa New Zealand trainees)
- Poster/oral presentation at a National or International conference (recommended once over the course of training)