I) OBJECTIVES

1. To provide a broad-based training and in-depth experience at a level sufficient for the trainee to acquire competency and professionalism of a specialist in Rheumatology.

2. To enhance scientific knowledge, clinical skills, and procedural competence in Rheumatology.

3. To inculcate and enhance critical thinking, self-learning, and a commitment to continued medical education in Rheumatology.

4. To lay the groundwork for future in-depth commitment to scientific research in Rheumatology.

5. To understand the various health care delivery issues concerning rheumatological diseases in the community, and to develop a sense of responsibility and leadership in related policy making and implementation.

6. To acquire professional competence in training future trainees in Rheumatology.

II) STRUCTURE

1. This period consists of three years of supervised and accredited training in Rheumatology. The three-year training programme comprises two years of core training in Rheumatology as described below (with a minimum of 12 months of core training to be undertaken in training units that have been formally accredited by the College) plus one year of training in any of the following:

   1.1 The same specialty which may be accredited for a maximum of 12 months, AND/OR

   1.2 A broad-based specialty, defined as either Advanced Internal Medicine (AIM) or Geriatric Medicine, which may be accredited for a maximum of 12 months, AND/OR

   1.3 Overseas training in Rheumatology which may be accredited for a maximum of six months, with prior approval by the specialty board,

2. To ensure the acquisition of a broad-based physician training for all Higher Physician Trainees undergoing Rheumatology training, the College requires that all registered
Higher Physician Trainees undergo dual training in a broad-based specialty, defined as either Advanced Internal Medicine (AIM) or Geriatric Medicine, together with training in Rheumatology. Fellows who have been trained in Rheumatology without a broad-based specialty will not be accepted as Trainer in any specialty in the future.

3. The structures of dual training programmes approved by the College include the following and Trainees must clearly indicate the programme chosen at the time of application to be registered as Higher Physician Trainee of the College:

3.1 Concurrent training: A minimum of four years of supervised training is required. The training programme comprises 24 months (cumulative) of core training in a broad-based specialty and 24 months (cumulative) of core training in Rheumatology.

3.2 Sequential training: A minimum of five years of supervised training is required. The training programme comprises 36 months training in either Rheumatology or the broad-based specialty followed by 24 months of core training in remaining specialty.

4. The trainee should rotate between a minimum of two training units or hospitals and must spend not less than three months in either unit or hospital to ensure adequate scope of exposure to a wide spectrum of rheumatological diseases. The training units or hospitals should be complementary in the provision of various aspects of training.

5. During the two-year training period, exposure to the following areas can be accredited up to a maximum of 3 months.
   i. Laboratory medicine particularly Immunology
   ii. Related specialty in Internal Medicine except AIM, Geriatrics, Medical Oncology, Palliative Medicine, Endocrinology, Diabetes & Metabolism
   iii. Orthopaedic surgery
   iv. Radiology
   v. Nuclear medicine
   vi. Epidemiological surveys
   vii. Clinical or basic research relevant to Rheumatology

III) CONTENTS

(1) Knowledge
There should be ample opportunities for the trainee to observe, manage, and assume continuing responsibility for patients with a wide variety of acute and chronic rheumatological diseases in outpatient and inpatient settings as listed below.

The aetiology, pathophysiology, clinical manifestations, investigations, and management, including critical analysis of cost-effectiveness and cost-utility of treatment modalities of

1.1 Connective tissue diseases including systemic lupus erythematosus and variants, systemic sclerosis and related syndromes, Sjogren’s syndrome, inflammatory myopathies, primary and secondary vasculitides.
1.2 Rheumatoid arthritis, psoriatic arthritis.
1.3 Spondyloarthritis and related diseases.
1.4 Degenerative bone and joint disorders.
1.5 Crystal arthropathies.
1.6 Soft tissue rheumatism and fibromyalgia.
1.7 Juvenile rheumatological disorders including juvenile idiopathic arthritis and systemic Still’s disease.
1.8 Rheumatic manifestations of systemic disease.
1.9 Pharmacological and non-pharmacological therapies for rheumatological diseases.
1.10 Perioperative management in relation to surgical and orthopaedic intervention for rheumatological diseases.
1.11 Management of rheumatological diseases complicating pregnancy.
1.12 Osteoporosis including glucocorticoid induced osteoporosis.

(2) Skills

2.1 Interpretation of skeletal and soft tissue radiographs and other imaging modalities, including-MRI and Dual Energy X-ray Absorptiometry (DEXA) scan.
2.2 Familiarity with the techniques of synovial, bone and muscle biopsy and their pathological interpretation.
2.3 Joint aspiration and injection techniques.
2.4 Examination of synovial fluid and its pathological interpretation.
2.5 Sound knowledge in immunological tests and clinicohistopathological correlations relevant to rheumatological disorders.
2.6 Familiarity with the interpretation and/or use of electrophysiological diagnostic tests.
2.7 Physical methods used in the treatment of patients with musculoskeletal disorders.
2.8 Musculoskeletal ultrasound scanning technique relevant to rheumatic diseases.

(3) Additional knowledge in the following is desirable, subject to availability of training facilities

3.1 Microbiology.
3.2 Pathology.
3.3 Immunology.
3.4 Molecular biology.
3.5 Physical medicine including physiotherapy and occupational therapy.
3.6 Clinical psychology.

(4) Attitudes

To enhance and reinforce the attitudes inculcated during Basic Physician Training.

IV) INSTITUTIONAL REQUIREMENTS

To be recognised for specialty training in Rheumatology, the programme should be completed in two or more hospitals which should fulfill the following criteria.

1 At least one hospital should be an acute care hospital with the following facilities:

1.1 General medical, surgical & obstetric beds, for which Rheumatological consultations are called upon on a regular basis.

1.2 A full complement of facilities for Rehabilitation Medicine, including physiotherapy and occupational therapy.

2 In all training hospitals, the following features should be available:

2.1 Beds of both sexes for admission of patients with a variety of rheumatological diseases.

2.2 Regular subspecialty outpatient clinics in Rheumatology.

2.3 A sufficient number of fully trained staff with specialist accreditation and trainer status in Rheumatology, to provide a minimum trainer to trainee ratio of 1:2 at any one time, directly supervising the trainee in all aspects of patient
management, including daily ward rounds, emergency calls and outpatient service.

2.4 Laboratory and diagnostic facilities

2.4.1 Radiology (X-rays, CT Scan, radionuclide scans, angiography, ultrasound, MRI)
2.4.2 Pathology, including immunopathology
2.4.3 Microbiology
2.4.4 Clinical chemistry
2.4.5 Haematology.

2.5 Regular medical audit procedures and facilities to perform autopsies to resolve diagnostic problems.

2.6 Maintenance of high quality medical records with easy and prompt accessibility at all times.

2.7 Affiliation with extended care facilities for physical rehabilitation.

2.8 Structured educational programme including teach-ins, journal clubs and grand rounds in rheumatology.

2.9 Adequate educational facilities which include

2.9.1 Access to medical library facilities and computerised literature search systems.

2.9.2 Space and education equipment, including audiovisual aids and facilities for slide production to assist in clinical presentations.