

## Quick Start guide to the 2010 Cardiology curriculum

The following information is a brief introduction to the 2010 cardiology curriculum which will become live on 1<sup>st</sup> August. The full curriculum is available on-line at [www.jrcptb.org.uk](http://www.jrcptb.org.uk) and should be read carefully by all cardiology trainees and trainers.

### 1. Why has the curriculum been re-written

The JRCPTB are required to revise specialty curricula every 3 years in order to keep the curriculum up-to-date with standards set by the PMETB/GMC and to incorporate medical advances and any changes in service and training. The 2010 update has met the new PMETB/GMC '*Standards for curricula and assessment*' and includes new curriculum topics and new assessment methods.

### 2. What does the curriculum tell you?

The curriculum defines

- The competencies needed and the assessment strategy for determining the award of a certificate of completion of training (CCT) in Cardiology.
- The processes of training including entry requirements and criteria for annual progression
- The organisation of deanery based training programmes that will start by providing core training in cardiovascular medicine i.e. the first phase of training ST3, ST4 and ST5. This will incorporate the acquisition of the common competencies (see below) and also in the first part of this phase there will be concomitant training in general internal medicine. During ST6 and ST7 the trainees will be allocated to undertake a selection of advanced modules as the last phase of training.
- How, in order to acquire more extensive research competencies, trainees can also undertake a period of OOPR (out of programme research).
- The detail of how to integrate periods of out of programme experience or training (OOPE or OOPT) which can enhance the educational experience
- The detail of how to integrate a career in Academic Cardiology. Such pathways require flexibility as the trainee enters into or progresses from Academic Clinical Fellowships, Training Fellowships, Clinical Lectureships and/or Clinician Scientist Fellowships.

The curriculum should be read in conjunction with the Gold Guide (<http://www.jrcptb.org.uk/SiteCollectionDocuments/Gold%20Guide.pdf>)

### 3. Who does the curriculum benefit and how should they use it?

- **Trainees** will be able to develop their personal development plans and chart their progress through training, ensuring they are gaining the appropriate experiences and continuing to develop towards a CCT. This contributes to appraisal, self-assessment, self-directed learning and educational meetings.
- **Trainers** will be able to ensure their trainees are developing in the correct areas and ensure their teaching covers the right areas. It will also help them complete their end of post review.
- **Training Programme Directors** will be able to ensure local teaching programmes map to the curriculum.
- **Patients/ Lay people** will be able to see what their specialists have to achieve during in their training.

### 4. How can you use the curriculum and its lay out?

The lay out of the curriculum has been designed with the aim of making it a more user-friendly reference guide for both trainers and trainees. The same familiar titles from previous versions have been used such as rationale, content of learning, assessment, and supervision and feedback. However the new curricula have been structured in a more logical order which details the trainees training pathway from enrolling with the specialty to the components of the training programme, the teaching and learning methods they will experience and the methods by which they will be assessed. The more detailed contents page and use of sub-sections should also help the trainer and the trainee to navigate around the document.

The layout of the syllabus grids has also been redesigned so that each competency is now mapped to:

- Possible assessment methods: It is important to note that not all competencies have to be assessed but where they are assessed, not every method needs to be used.
- One or more of the domains of Good Medical Practice: These domains are listed in section 3.2 of the curriculum.

#### **5. Major Changes since the 2007 curriculum**

- The previously known 'Generic curriculum' has been revised by the Academy of Medical Royal Colleges and is now embedded into the content of learning as 'common competencies'.
- There is a more explicit requirement to develop leadership skills (personal qualities, setting direction, improving services, managing services and working with others) - these have been incorporated into the knowledge, skills and behaviours relating to specific sections of the syllabus where appropriate.
- There is a clearer acknowledgement of the importance of the recognition of existing health inequalities - these have been incorporated into the knowledge, skills and behaviours relating to specific sections of the syllabus where appropriate.
- The importance of the principles of the GMC's Good Medical Practice have been recognised and incorporated in line with the new formulation as four domains: knowledge, skills and performance; safety and quality; communication, partnership and teamwork; maintaining Trust.
- The assessment system has been updated.
- The assessment 'blueprint' has been embedded within the clinical syllabus.
- Details of the structure and function of the new assessment methods have been included CbD - Case Based Discussions, ACAT - Acute Care Assessment Tool, PS - Patient Survey, DOPS - Direct Observation of Procedural Skills, AA - Audit Assessment and TO - Teaching Observation.
- The ARCP decision grid has been updated to include the new assessment methods.
- In response to a review of the clinical syllabus new areas have been included such as clinical genetics, cardiac CT, trauma to the heart and

great vessels, end of life care, transition from paediatric to adult care and occupational aspects of cardiac disease

- In response to feedback from trainers and trainees clarification of the roles and responsibilities of educational and clinical supervisors has been included. There is also more detail about the necessary training of assessors and the role of training programme directors and the deaneries in assuring the competence of trainers.
- In response to feedback from trainers and trainees the organisation of advanced specialist area training in the final two years has been clarified.