Quick Start guide to the 2010 Renal curriculum

The following information is a brief introduction to the 2010 Renal Medicine curriculum which will become live on 1st August.

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 Regulator, medical advances, changes in the service and training. All of the specialty curricula under the auspices of the JRCPTB have been rewritten for 2010 to meet the six new PMETB standards as detailed in their *'Standards for curricula and assessment'*, to incorporate the framework documents produced by the Academy of Medical Royal Colleges (AoMRC) detailing Common, Medical Leadership and Health Inequality competencies, and to include 5 new assessment methods (Acute Care Assessment Tool, Case based Discussion, Patient Survey, Teaching Observation and Audit Assessment).

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

The curriculum defines

- The competencies needed and the assessment strategy for the award of a certificate of completion of training (CCT or CESR (CP)) in Renal Medicine.
- The process of training including entry requirements and criteria for annual progression for the award of a certificate of completion of training (CCT) in Renal Medicine.

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:

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- Possible assessment methods: It is important to note that not all competencies have to be assessed and that where they are assessed, not every method will 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 Cased 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.
    - Specialty Specific changes:
        - A Single CCT in Renal Medicine requires a minimum of three years training; there is no specific stipulation to have a fourth year (e.g. GIM, OOPE). The curriculum is fully competency based so achieving a single CCT in Renal Medicine might take longer. This brings Renal Medicine in line with other specialties.
        - The Renal specific competency areas have been rationalised and new areas added, e.g. Active supportive (non-dialysis) care, adult-paediatric interface, sexual health issues and nutrition.
        - New renal oriented generic competencies have been included, e.g. Infection and infection control, Therapeutics and safe prescribing, Health Informatics and Leadership Skills.

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- For each area of competency there are detailed descriptors shown according to the stage of training that is being assessed

- Insertion of non-tunnelled haemodialysis catheters is the only essential procedure; other procedures e.g. tunnelled lines, renal biopsy (native and transplant) and PD catheter insertion remain in the curriculum but are not essential to obtain a CCT.

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