

Cardiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

Core Medical Training

	RITA Month 8	RITA Month 16	RITA Month 23
Emergency Presentations	Some experience of all	Level 1 competent in all	Level 1 competent in all
Top 20 Presentations	Some experience of 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence) Some experience of all	Level 1 competent in all (mini-CEX / CbD / ACAT evidence)
Other Presentations	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 Competent in all relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)
Procedures	Competent in all procedures relevant to specialties experienced so far (DOPS evidence)	Competent in all procedures relevant to specialties experienced so far and Competent in 1/2 of all procedures (DOPS evidence)	Competent in all procedures (DOPS evidence)
Generic Competencies (Focus areas)	Some experience of 1/2 of Mandatory Level 1 Competency Focus Areas (mini-CEX / CbD / ACAT evidence)	Some experience of all Level 1 areas Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in all Level 1 Competency Focus areas Some experience of 1/2 of Level 2 Competency Focus areas (mini-CEX / CbD / ACAT evidence) Satisfactory progress in MSF
Examinations	-	Review MRCP (UK) Part I progress	MRCP (UK) Part I
ALS	Valid	Valid	Valid
Minimum number of workplace assessments	Minimum of 3 ACATs should be done per year (aiming for 6 per year) + min of 4 mini-CEX per year + min of 4 CbD per year + DOPS until independence in procedures demonstrated + 1 MSF per year		
Events giving concern	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety		

Cardiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

Year	ST3	ST4	ST5	ST6	ST7
CARDIOLOGY CORE CURRICULUM					
ALS (Course and certificate) (Also 2.21)	Valid	Valid	Valid	Valid	Valid
IRMER (Course and certificate) (Also 2.22)			Valid	Valid	Valid
Exams	MRCP(UK)		Specialist Exam		
Audit (cumulative requirement)			1 completed audit		2 completed audits
MSF	Satisfactory		Satisfactory		Satisfactory
Management Training					Completed
Teaching Skills Training					Completed
CPD (annual attendance requirements at organised teaching or equivalent as organized by local programme)	60% Attendance	60% Attendance	60% Attendance	60% Attendance	60% Attendance
Generic Competencies	Competent in number of Level 2 Focus Areas proportional to total time of training from ST3 to CCT, and competent in ALL Level 2 Focus Areas by final year RITA (mini-CEX / Cbd / ACAT evidence)				
Log Book of Procedures	Documentation completed	Documentation completed	Documentation completed	Documentation completed	Documentation completed
Educational Supervisor reports	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory
Acute Medicine Competencies relevant to Cardiology (see Acute Medicine Curriculum for definition of competency level)					
Chest Pain 2.1.a	Satisfactory scores from miniCEX and/or CBD in 40% of topics	Satisfactory scores from miniCEX and/or CBD in 80% of topics	Satisfactory scores from miniCEX and/or CBD in 100% of topics to give Level 3 competency		
Breathlessness 2.2 & 2.3					
Syncope and pre-syncope 2.7					
Palpitation 2.8					
Black out/collapse					
Shocked patient			Satisfactory scores from miniCEX and/or CBD in 100% of topics to give Level 2 competency		
Unconscious patient					
GI bleeding					
Acute Confusion.					
Medical Complications during acute illness and following surgical procedure					

Cardiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

Year	ST3	ST4	ST5	ST6	ST7
Cardiology Curricular Topics and Competencies (Please refer to Blueprint Grid for assessment methods)					
2.1.a. Chest Pain	Satisfactory scores from miniCEX and/or CBD in 25% of topics	Satisfactory scores from miniCEX and/or CBD in 50% of topics	Satisfactory scores from miniCEX and/or CBD in 75% of topics	Satisfactory scores from miniCEX and/or CBD in 90% of topics	Satisfactory scores from miniCEX and/or CBD in 100% of topics
2.1.b Stable angina					
2.1.c Acute coronary syndromes and myocardial infarction					
2.2. Acute breathlessness					
2.3. Chronic breathlessness					
2.4. Heart failure					
2.5. Cardiomyopathy					
2.6. Patients with valvular heart disease					
2.7. Pre-syncope and syncope					
2.8. Arrhythmias					
2.8.(b) Atrial fibrillation					
2.9. Pericardial disease					
2.10. Primary and secondary prevention of cardiovascular disease					
2.10. i. Hypertension					
2.10.ii Lipid Disorders					
2.11. Adult Congenital Heart Disease					
2.12. The prevention and management of endocarditis					
2.13. Diseases of the Aorta					
2.14. Cardiac Tumours					
2.15. Cardiac rehabilitation					
2.16. Assessment of patients with cardiovascular disease prior to non-cardiac surgery					
2.17. Assessment of patients prior to cardiac surgery					
2.18. Care of patients following cardiac surgery					
2.19. Management of critically ill patients with haemodynamic disturbances					
2.20. Heart Disease in Pregnancy					
2.21. Resuscitation - Basic and Advanced Life					

Cardiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

Year	ST3	ST4	ST5	ST6	ST7
Support					
2.22. Radiation use and safety					
2.23. Community Cardiology					
2.24. Pulmonary Arterial hypertension (PAH)					
(REFER TO SECTION 1.5 (Assessment Strategy) OF CARDIOLOGY CURRICULUM FOR DEFINITION OF COMPETENCY LEVELS					
PART 3. Core Procedures and Investigation					
3.1. Basic investigations: Electrocardiograms, Ambulatory ECG, Exercise Testing , CXR	Level 1	Level 2	Level 3	Level 3	Level 3
Procedures requiring DOPS assessment					
1. Cardiac Catheterization (3.6)	Level 1	Level 2	Level 3	Level 3	Level 3
2. Core Transthoracic Echocardiography (3.2)	Level 1	Level 2	Level 3 or BSE exam	Level 3	Level 3
3. Temporary Pacing (3.5)	Level 1	Level 2	Level 3	Level 3	Level 3
4. Permanent Pacing (3.5)	Level 1	Level 1	Level 2	Level 2	Level 2
5. Pericardiocentesis (3.7)	Level 1	Level 1	Level 2	Level 2	Level 3
6. Cardioversion (3.5)	Level 2	Level 3	Level 3	Level 3	Level 3
7. Nuclear Cardiology and Cardiac Magnetic Resonance (3.3 & 3.4)			Satisfactory scores from miniCEX & valid IRMER certificate		
SUB-SPECIALTY CURRICULA					
				Satisfactory scores from miniCEX, DOPS and/or CBD in 50% of all topics to give the following levels of competence	Satisfactory scores from miniCEX, DOPS and/or CBD in 100% of all topics to give the following levels of competence
4.1 Advanced Adolescent and Adult Congenital Heart Disease					
4.1a. Adult Congenital Heart Disease					
1. transthoarcic echo in ACHD				Level 2	Level 3
2.transoesophageal echo in ACHD				Level 2	Level 3

Cardiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

Year	ST3	ST4	ST5	ST6	ST7
3. diagnostic cardiac catheterisation in ACHD				Level 2	Level 3
4. intervention in ACHD eg PFO and ASD closure				Level 1	Level 1
training in the natural and unnatural (operated) history of simple and complex CHD				Level 2	Level 3
training in the multidisciplinary approach to the management of ACHD				Level 2	Level 3
training in the investigation of ACHD including echo, MRI, CT, catheterisation				Level 2	Level 3
training in the medical and surgical treatment of ACHD				Level 2	Level 3
training in the application and understanding of catheter based treatment of ACHD				Level 2	Level 3
4.1b. Heart disease in Pregnancy					
training in the assessment and treatment of women with chronic cardiac disease who are or who are planning to become pregnant				Level 2	Level 3
training in the assessment of, and provision of contraceptive advice to, women with cardiac disease				Level 2	Level 3
training in the assessment and treatment of women with pregnancy induced cardiac disease				Level 2	Level 3
4.2. Advanced Rhythm Training					
Core Module 1. Pacemaker implantation and programming				Level 3	
Core Module 2. Training in ICD implantation and programming				Level 3	
Elective Module 1. Training in multi-site ventricular pacing for cardiac resynchronisation					Level 3
Elective Module 2. Training in pacing/ICD lead extraction techniques					Level 3
Core Module 3. Training in the mechanisms of arrhythmias, complex electrocardiography and the principles of intracardiac electrophysiology				Level 3	Level 3
Core module 4: Training in Intracardiac Electrophysiology Techniques				Level 3	
Elective module 3: Training in ablation of SVT, typical				Level 3	Level 3

Cardiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

Year	ST3	ST4	ST5	ST6	ST7
atrial flutter and normal heart ventricular tachycardia					
Elective module 4: Training in catheter ablation for AF/AT & non-isthmus dependent atrial flutter					Level 3
Elective module 5: Training in catheter ablation for ventricular tachycardia					Level 3
Elective module 6: Training in trans-septal puncture and catheterisation					Level 3
Elective module 7: Training in advanced assessment of the risk of life threatening arrhythmias or sudden cardiac death (SCD) both inherited and acquired				Level 3	
Elective module 8: Training in management of cardiac arrhythmias in patients with Adult Congenital Heart Disease					Level 3
4.3 Heart Failure (Advanced)					
To be able to function as a specialist in the diagnosis of heart failure. To be able to undertake specialist investigation of the underlying cause/causes of heart failure				Level 2	Level 3
To be able to provide specialist treatment of the underlying aetiologies of heart failure.				Level 2	Level 3
To be able to deliver specialist medical treatment of heart failure.				Level 2	Level 3
To be able to advise device treatment of heart failure				Level 2	Level 3
To be able to select patients for advanced heart failure therapies (cardiac transplantation and left ventricular assist devices).				Level 2	Level 3
To be able to function as part of and manage a multiprofessional team				Level 2	Level 3
4.4. Interventional Cardiology					
Clinical care of PCI patients				Level 2	Level 3
Basic PCI				Level 2	Level 3
Advanced PCI				Level 2	Level 3
Optional interventions				Level 2	Level 3
4.5. Cardiac Imaging					

Cardiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

Year	ST3	ST4	ST5	ST6	ST7
4.5a Advanced transthoracic echocardiography				Level 2	Level 3
Transoesophageal echocardiography				Level 2	Level 3
To perform stress echocardiography				Level 2	Level 3
4.5b Nuclear					
The trainee will be able to stress patients safely and effectively using dynamic exercise and pharmacological stress				Level 2	Level 3
The trainee will be able to work with nuclear cardiology radiopharmaceuticals safely				Level 2	Level 3
To be able to acquire and process nuclear cardiology studies				Level 2	Level 3
To be able to report nuclear cardiology studies				Level 2	Level 3
To be able to advise cardiologists and other specialists on the appropriate use of nuclear cardiology techniques in different clinical situations				Level 2	Level 3
4.5c CMR					
To equip the trainee to independently support all general aspects of a CMR service				Level 2	Level 3
5. Acute Medicine					
Emergency Presentations	Level 2 competent				
Top 20 Presentations	Acquisition of Level 2 Competencies at rate proportional to years that include GIM (Acute)* training, and competent in ALL by the RITA in the final year that has included GIM (Acute) training (mini-CEX / CbD / ACAT evidence)				
Other Presentations	Acquisition of Level 2 Competencies at rate proportional to years that include GIM (Acute)* training, and competent in ALL by the RITA in the final year that has included GIM (Acute) training (mini-CEX / CbD / ACAT evidence)				
Events giving concern	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety				
* For rotations in which GIM (Acute) training is concentrated into 2 years, then must show competence in ½ presentations in RITA of first year of GIM (Acute) and competent in all by RITA of second year of GIM (Acute). When more than 2 years between ST3 and CCT include training in GIM (Acute), then number of competencies acquired each year are proportional to number of years spent doing GIM (Acute).					