

**JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD
(JRCPTB)**

**Annual Specialty Report for Cardiology to
The Postgraduate Medical Training Board (PMETB)
for August 2007 to July 2008**

1. Establishing Schools

Cardiology is incorporated within Schools of Medicine, the extent of development of Schools varying between different SHAs

2. Triggered Visits

No triggered visits have been reported to the JRCPTB and the SAC Chairman is unaware of any in cardiology

3. Effect of changes to the specialty

The rapid pace of technical development in cardiology means that there are many issues raised. In interventional cardiology, the development of primary angioplasty will have significant impact by virtue of increasing demands on out of hours services and consequent impact on day time service and training capacity. In cardiac electrophysiology, there are rapid developments in devices and in radiofrequency ablation of atrial fibrillation that will attract more trainees. Cardiac imaging is developing rapidly and increased facilities for training in CT coronary angiography and magnetic resonance imaging are particularly highlighted

4. Key concerns for the future of the specialty

1. There is major concern that the combination of reduction in prior medical and cardiology experience as a result of introduction of modernising medical careers, plus the impact of the European Working Time Directive places excessive pressures on the available time for training in cardiology. As a result, respondents are concerned that the current length of training is inadequate to equip trainees with the range of knowledge skills and attitudes, and particularly technical ability, achieved by previous generations of cardiologists at the time of CCT award.
2. Allied to this, the steady reduction in the numbers and seniority of Specialist Registrars results in an increase in the clinical service demands upon Consultants. This has an adverse effect on their availability for acting as clinical and educational supervisors.
3. There are concerns about the full and nationally consistent implementation of this assessment strategy. This is also a consequence of the pressure on consultant time resulting in difficulty in completion of workplace based assessments. Concern was also expressed that the paper work associated with training is evermore irksome and does not really capture the problems. Not having a supervisor's overall report is regarded as potentially disastrous.

5. RITAs/ARCPs. The following includes the responses we have received from the Heads of Specialist Training for this specialty

All trainees for this specialty have had successful RITAs/ARCPs. For the 560 trainees enrolled in Cardiology it was been reported that 2 trainees were issued with a RITA D, subsequently receiving RITA Cs within 3 months and 1 RITA E was issued.

6. European Working Time Directive (EWTD): The following includes the responses we have received from the Heads of Specialist Training for this specialty

EWTD remains problematic and a source of frustration for both trainees and trainers. On paper the majority of all rotas are compliant though there is concern that the majority of trainees will be undertaking clinical duties, eg Ward round, out with the 48 hour period

7. Training Programme Director Report information

We have not received these reports for every Deanery for this reporting period but intend to include the themes in subsequent reports. However, we have received various Education Committee meeting minutes for this specialty which do not highlight any training or assessment concerns

8. Examinations

We do not have examination data available for this reporting period.

9. Assessments

Workplace based assessments for the medical specialties including Direct Observation of Procedural Skills (DOPs), mini CEX, and Multisource Feedback (MSF) have been in place since 2005. Although there have been concern within each specialty with regard to the time involved to complete these, their use has been widely encouraged so that PMETB standards are met. We continue to pilot further workplace based assessments.

10. e-portfolio

Pilots for the specialty e-portfolios have been completed and the eportfolio for Cardiology is now live and available for use by enrolled StRs. During the transition period trainees had been advised to complete paper records or to continue to use their CMT e-portfolio.