

2010 Paediatric Cardiology ARCP Decision Aid

	Core curriculum assessments for ALL trainees			Specialist area trainees	
Curriculum topics	ST4	ST5	ST6	ST7	ST8
General paediatric cardiology					
Expected level of clinical competence	Trainees should be competent in the initial assessment of patients presenting with some common cardiology problems. They should be competent in the management of a patient presenting with some acute cardiac problems	Trainees should be competent in the assessment of patients presenting with most of the common cardiology conditions Trainees should be competent in the assessment and management of most common paediatric cardiac emergencies	Trainees should be competent in the assessment of patients presenting with any of the common cardiology conditions Trainees should be competent in the assessment and management of all common paediatric cardiac emergencies		
Resuscitation	Valid APLS or EPLS certificate	Valid APLS or EPLS certificate	Valid APLS or EPLS certificate	Valid APLS or EPLS certificate	Valid APLS or EPLS certificate
Common Competencies					
Good Clinical Care Communication Skills Maintaining Good Medical Practice Maintaining Trust Working With Colleagues Teamwork And Leadership Skills Teaching And Educational Supervision	Acceptable performance for level of training in MSF		Acceptable performance for level of training in MSF Satisfactory result from patient survey		Acceptable performance for level of training in MSF

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Cross-Specialty Skills					
Clinical Governance	Satisfactory result from MSF	1 completed audits as assessed by Audit Assessment Tool	Satisfactory result from MSF. Total of 2 completed audits as assessed by AAT		Satisfactory result from MSF 3 completed audits
Structure Of The NHS And Principles Of Management		Evidence of awareness of and participation in some aspect of management systems: examples might include responsibility for organising rotas, teaching sessions or journal clubs.	Formal Management course completed successfully	Evidence of ongoing involvement in managerial issues within department	Evidence of understanding of both local and national management issues, assessed by performance in MSF
Discharge Planning		Satisfactory scores from 1 inpatient mini-CEXs			
Information use, evidence based management		Satisfactory scores from 1 CbDs			
Teaching		Evidence of participation in teaching of medical students, junior doctors and other AHPs. Assessed by Teaching Observation		Evidence of participation in teaching with results of students' evaluation of that teaching Evidence of understanding of the principles of adult education Assessed by Teaching	Further evidence of continued involvement in departmental teaching assessed by MSF

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				Observation	
Training Courses	Attendance at basic echocardiography course Attendance at cardiac morphology course Attendance of at least 80% of National SAC approved training days for registrars	Attendance of at least 80% of National SAC approved training days for registrars	Attendance of at least 80% of National SAC approved training days for registrars Attendance at management course	Attendance at specialist area specific courses	Attendance at specialist area specific courses
Supportive Evidence	Updated logbook of procedures	Updated logbook of procedures	Updated logbook of procedures	Updated logbook of procedures	Updated logbook of procedures
Educational Supervisors report	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory
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				

INVESTIGATIONS AND PROCEDURES					
12 lead ECG, ECG with adenosine challenge	Satisfactory formally audited reporting of 20 ECGs in varying pathology		Fully satisfactory scores in 3 CbDs relating to arrhythmia and invasive electrophysiology		
Ambulatory ECG and cardiac event recording	Satisfactory formally audited reporting of 12 ambulatory ECGs in varying pathology				
Exercise tests	Fully satisfactory scores for all domains in 10 consecutive CbDs				
Chest X-Ray	Satisfactory formally audited reporting of 20 CXRs in varying pathology				
DC cardioversion		Fully satisfactory scores for 3 CbDs	Fully satisfactory scores for all domains in 2 consecutive DOPS		
Basic cardiac pacing		Fully satisfactory scores for 3 CbDs	Fully satisfactory scores for all domains in 2 additional, consecutive CbDs, including management of temporary post-operative pacing Fully satisfactory scores in 3 DOPS for insertion of temporary pacing electrodes (including those		

			inserted during EP study)		
Pericardiocentesis			Fully satisfactory scores for all domains in 2 consecutive DOPS		
Balloon atrial septostomy			Fully satisfactory scores in 3 DOPS for echocardiography during septostomy (achieved during first three years of training but assessed at end of ST6) Fully satisfactory scores in 1 CbD regarding the methodology of septostomy		
Trans-thoracic echocardiography	75% satisfactory scores for all domains in a minimum of 5 consecutive DOPS on normal hearts or simple cardiac anomalies	Fully satisfactory scores for all domains in a minimum of 5 further, consecutive DOPS on moderately complex patients	Fully satisfactory scores for all domains in a minimum of 5 further consecutive DOPS on increasingly complex patients. Improved image acquisition and interpretation		
Trans-oesophageal echocardiography and intra-operative echocardiography (TOE or epicardial echo)		75% satisfactory scores for all domains in a minimum of 3 consecutive DOPS	Fully satisfactory scores for all domains in a minimum of 3 further, consecutive DOPS on increasingly complex patients.		
Cardiac catheterisation		Fully satisfactory	Fully satisfactory		

		scores for a minimum of 5 CbDs	scores for 5 DOPS in basic catheterisation procedures		
Cardiac MRI and Thoracic CT			Fully satisfactory scores for a minimum of 3 CbDs		
Fetal Cardiology			Fully satisfactory scores for a minimum of 3 CbDs including discussion of counselling issues 75% Satisfactory scores for 5 DOPS in practical fetal echocardiography		
Adult Congenital Cardiology			Fully satisfactory scores for a minimum of 3 CbDs relating to adult congenital cardiology		

SPECIALIST AREA TRAINING					
	ST4	ST5	ST6	ST7	ST8
Fetal cardiology				75% satisfactory scores in 10 consecutive DOPS and 2 mini-CEX Fully satisfactory scores for 5 CbDs including discussion of counselling issues	Fully satisfactory scores in 20 further consecutive DOPS and 5 further mini-CEX
Specialist imaging (CT and MRI)				Valid IRMER certificate 75% satisfactory results from 10 consecutive DOPS and 10 consecutive CbDs	Valid IRMER certificate Fully satisfactory results from 10 further, consecutive DOPS and 10 further, consecutive CbDs
Cardiac catheterisation				Valid IRMER certificate 75% satisfactory results from 10 consecutive DOPS and 10 consecutive CbDs	Valid IRMER certificate Fully satisfactory results from 20 further, consecutive DOPS, including more complex interventions
Cardiac pacing and electrophysiology				Valid IRMER certificate 75% satisfactory results from 10 consecutive DOPS and 10 consecutive CbDs	Valid IRMER certificate Fully satisfactory results from 20 further, consecutive DOPS

Adolescent and adult congenital heart disease				75% satisfactory scores for 10 CbDs and 2 mini-CEX	Fully satisfactory results from 10 consecutive mini-CEX
Pulmonary hypertension				75% satisfactory scores for 10 CbDs and 2 mini-CEX	Fully satisfactory results from 10 consecutive mini-CEX
Transplantation cardiology				75% satisfactory scores for 10 CbDs and 2 mini-CEX	Fully satisfactory results from 10 consecutive mini-CEX
Advanced echocardiography				75% satisfactory results from 10 consecutive DOPS and 10 consecutive CbDs including intraoperative echo and advanced imaging techniques	Fully satisfactory results from 20 further, consecutive DOPS including intraoperative echo, advanced imaging techniques and dyssynchrony assessment

There is an option for trainees to undertake subspecialties in years ST7 and ST8 as modular training. This applies to advanced imaging, advanced echo, cardiac catheterisation, electrophysiology and pacing, fetal cardiology, adult congenital cardiology, pulmonary hypertension and transplantation cardiology. If training is being performed in this modular manner, with 2 sub-specialities studied for one year each, then the competency level of each should be assessed as per the decision grid for ST7 in that sub-speciality.