JRCPTB

JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD

5 St Andrew's Place, Regent's Park, London NW1 4LB

SAC NEWSLETTER

March 2007

This letter is intended to keep trainees and trainers up-to-date with Cardiology SAC matters, in particular the new developments

Curriculum - Assessment Blueprinting - Allocation into specialty

Developments in these areas have been led by the SAC in conjunction with the BCS and the affiliated groups on behalf of the JRCPTB in response to the requirements of trainees, trainers, Modernising Medical Careers and the Postgraduate Medical Education and Training Board standards.

These issues will be presented at a session of the BCS Annual Scientific Conference in Glasgow June 4th 2007 at 9.15 (www.bcs.com/pages/scientific_conference.asp).

Training days aimed at Training Programme Directors and Regional Specialty Advisors are being developed by the Education Department of the RCP London in conjunction with the SAC (www.rcplondon.ac.uk).

New curriculum

Last year the PMETB announced a review of all specialist training curricula and produced a series of standards to be met (insomniacs can read the full detail at www.pmetb.org.uk/media/pdf/i/a/PMETB_standards_for_curricula_(March_2005).pdf). The Cardiology SAC took the opportunity to revisit the existing 2005 curriculum with particular emphasis on the development of sub-specialty curricula. The new curriculum has now been ***provisionally*** approved and will appear on the new JRCPTB website (www.JRCPTB.org.uk). A key feature has been the description of a more distinct core curriculum (first 3 years) and more clearly defined advanced sub-specialty modules (last 2 years). These curricula form a continuum. These curricula also are designed to run parallel with a generic curriculum for all physicians and in conjunction with the general (acute) internal medicine curriculum and hence describe training from foundation (F1 and F2) to CCT. These new curricula should now provide greater clarity as to what trainees need to do and what trainers need to provide in the different phases of training.

New Name

The SAC has asked the PMETB if we can change the name from Cardiology to Cardiovascular Medicine.

New methods of assessment

These are the new competence based methods of assessment:

1) KBA - knowledge based assessment. This is still in the development phase by a joint SAC and BCS working group. The concept of a test of core knowledge mid-way through training has been broadly accepted as a worthwhile endeavour. A successful pilot was completed in 2006 and implementation plans are being drawn up in conjunction with MRCP.

2) DOPS - directly observed procedural skills. This is ready for implementation. All trainees appointed after 2003 should undergo appropriate DOPS from now on.
This is designed to observe the performance of practical skills and to assess competence in the core procedural skills: cardiac catheterization, transthoracic echocardiography, pacing and cardioversion. The DOPS for advanced procedural skills attained towards the end of training (i.e. in last one or two years) in EP, PCI, Advance Imaging etc are being developed and will be published later this year.
It is important to remember that the DOPS methodology can be used during training as a formative assessment to guide trainees and trainers. However, the DOPS assessment of competence should take place when a trainee is thought to be competent. Reliability comes from having 6 DOPS with 3 different assessors. Forms will shortly be appearing on the JRCPTB website.

3) MSF – multi-source feedback (also known as 360). This is ready for implementation. All trainees appointed after 2003 should undergo regular MSF from now on.

4) Mini-CEX - mini clinical encounters. This is ready for implementation. All trainees appointed after 2003 should undergo Mini-CEX regular assessments from October 2006 onwards.

5) PSQ - patient satisfaction questionnaires. This is still under development.

6) CBD - case based discussions. This is still under development.

Details of the processes can be found on the JRCPTB website (www.JRCPTB.org.uk).
Currently all the documentation is paper based but the good news is that an e-portfolio is under development, it is hoped that this will considerably reduce the administrative burden on trainees and trainers.

New RITA decision points and assessment blueprinting

The new methods of assessment are in the process of being 'blueprinted' on to the new curriculum. A grid will be developed which shows how each aspect of the curriculum can be assessed and hence how a trainee can be shown to have achieved the competences necessary for award of a CCT. This will inevitably lead to an outline of what competences should be expected during the different phases of training and hence a table of RITA outcome criteria to ensure that satisfactory progress is correlated with progress against the new curriculum.

New processes for allocation into specialty (i.e. selection)

The SAC are developing the criteria and selection methods for entry into the specialty at ST3 level. In future MMC envisage that all entries will be from 'common stem' (one of post-foundation training programmes Core Medical Training or Acute Care Common Stem) which occupy ST1 and ST2.

The process of 'allocation' into sub-specialty training modules at ST6 is also under discussion.

Transition

It will be clear from all the above that there will need to be significant changes in the organization and delivery of training. The SAC think that overall these changes will be of benefit to trainees and would encourage training under the 'old curriculum' to move in the direction of the 'new curriculum' where possible. These transition phases will be particularly difficult to manage and responsibility will fall mainly on training programme directors and their deanery based specialty training committees. During transition all parties will need to be flexible and pragmatic. If concerns or difficulties arise you can contact the SAC for advice.