

Paediatric Cardiology

Trainee Newsletter from SAC meeting on 8th February 2008

As always as SAC the agenda was exhaustive so I have concentrated on issues with direct relevance to current "SpR level" trainees.

Work force planning

The chair gave an account of recent communications with the various disparate agencies involved in workforce planning. As we all know there is a potential glut of SpR's coming up to CCT over the next 2yrs or so. At the moment it is difficult to predict where any consultant posts for these trainees are going to come from. It is also inevitable that some people will not be able to find the job they want in the region they want. The lead dean will be re-approached for a formal agreement to allow extended grace periods for trainees who are reaching the end of their training without any prospect of consultant vacancies. Despite general pessimism about the situation it was noted that several new consultant posts have been touted in the last year, possibly on the back of various government targets and waiting list deadlines. However with 15 SpR's due to come out in 2009

Uncoupling

Paediatric SpR level training is as you know uncoupled from the current ST and run-through grades. This will remain the case and at present recruitment into the speciality will remain via the deanery system and be open to people from paediatrics or adult cardiology who wish to jump out of their ST programme into ours.

RCP or RCPCH

There has been some debate around which college our speciality should be aligned most closely with. At present training at national level is administered though the RCP. It was the overall feeling of the SAC that this should remain the case, however please feel free to make representations if you feel strongly about the matter. Local representation in both the paediatric and medical postgraduate schools will be sought through the college of deans.

Exams

We talked at length about the possibility of an exam or knowledge based assessment forming either an exit exam or a means of continuous assessment throughout the programme. Traditionally this has been strongly opposed in paediatric cardiology. Despite external pressure to the contrary it is still feasible to provide evidence of standardised training and assessment without an exam. Given the external pressure

and also some members of the committee having sympathetic views toward an exam a group from SAC will explore the concept of exams in paediatric cardiology training.

Training Days

The chair has issued a summary of the progress made toward training days; I have posted a discussion document on the paediatric cardiology trainees forum on the www.doctors.net.uk website and will email as many trainees as I have addresses for over the next few days. In brief we will be having 5 training days a year which will have compulsory release and compulsory attendance for trainees. These will rotate round the centres in the UK.

Additional Assessment Techniques.

In line with modern teaching and assessment practice, more assessment techniques on top of the already familiar DOPS; MiniCEX and MSF (360's) are being piloted by the college. Despite teething problems with the initial assessments we are being encouraged to take part in these pilot schemes which may come into use over the next year.

3yr and 5 year curriculum assessments.

Currently there is a mixture of 5yr and 3yr trainees in post. This had lead to some confusion with regard to which assessment techniques are required for which types of trainees. Anyone who is in a three year programme will not be assessed on the basis of numbers of procedures done etc, but instead by showing competency through the modern assessment techniques (DOPs etc). Those of us on a five year programme need to have achieved the goals laid down in the five year curriculum using a combination of numbers of procedures as well as modern assessment techniques. It is still possible for a five year trainee to gain CCT even if they have never done any DOPs or MiniCEX etc; but this would not be encouraged. Most current five year trainees will probably have a mixture of procedural numbers and courses attended (old fashioned) along with DOPs MiniCEX and MSF (modern)

Forum

I would strongly encourage everyone to read and contribute to the paediatric cardiology trainees forum on doctors net. It is a closed private forum moderated by me and is a useful method of keeping in touch and having queries and questions aired and answered.

Thanks,

Dr Gareth Morgan, Trainee SpR Representative