**Adult Congenital Heart Disease (ACHD) checklist**

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| Name: |
| GMC No:  | NTN: |

*Demonstrates understanding of the following;*

|  |  |
| --- | --- |
| **Lesion / Concept** | **Please tick** |
| Atrial Septal Defect |  |
| Ventricular Septal Defect |  |
| AVSD |  |
| Coarctation |  |
| Congenital aortic valve disease  |  |
| Pulmonary stenosis |  |
| PDA |  |
| Anomalous Pulmonary Venous Drainage |  |
| Transposition of the great Arteries |  |
| Congenitally corrected transposition of the great arteries |  |
| Tetralogy of Fallot |  |
| Ebsteins anomaly |  |
| Shones Complex |  |
| Truncus Arteriosus |  |
| Univentricular heart physiology |  |
| Fontan circulation |  |
| Management of emergencies in ACHD |  |
| Complications and management of cyanotic patients  |  |
| Pulmonary hypertension / Eisenmengers Syndrome  |  |
| Transition of patients from paediatric to adult care |  |
| The importance of genetic syndromes related to certain forms of congenital heart disease. |  |
| The increased risk of congenital heart defects in the offspring of patients with congenital heart disease themselves |  |
| Contraceptive methods / Assessment of risk of pregnancy |  |
| When to seek specialist advice |  |

**Guidance**

During **core training in ST3, ST4, ST5**, each trainee should attend;

Either

* A face to face training course covering the core curriculum over 1 - 2 days

Or

* Complete the on line training course provided through ISACHD (link through BCS website) and complete the self-assessment.

**And** should complete

* Ideally a minimum of **a two week attachment in an ACHD surgical specialist centre**

Or

* Attend specialist clinics in adult congenital heart disease. In order to achieve competence, it is envisaged that trainees are likely to need to attend a minimum of 10 specialist clinics and /or ward rounds.

*Less than full time trainees (LTFTTs) should negotiate appropriate timing.*

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| **Date** | **Session** | **Signed** |
|  | Completed face to face training course **OR** Completed on line training course |  |
|  | Satisfactory attendance and engagement during two week ACHD attachment in specialist centre**OR**Attended at least 10 specialist ACHD clinics or ward rounds |  |

**This form should be reviewed and signed off by a sub-specialty ACHD consultant and uploaded to the ePortfolio.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_