

2015 amendments to the 2010 Cardiology curriculum

This document summarises the changes made to the 2010 Cardiology curriculum approved by the GMC on 20 November 2015.

The amended curriculum and ARCP decision aid, updated assessment guidance and the ACHD checklist and are available on the Cardiology webpage of the [JRCPTB website](#).

<p>Workplace based assessment (WPBA)</p>	<p>The multiple consultant report (MCR) and the changes to specialty trainee assessment and review (STAR) were introduced for all physicianly specialty trainees from August 2014.</p> <p>Level 3 Summative assessments for angiography and echo should now be made from lists of patients, not single cases, and echo assessments should be made by BSE accredited personnel.</p> <p>The quality improvement project assessment tool (QIPAT) has been added to the WPBA section and can be used to assess a trainee's competence in completing a quality improvement project. An audit or QIP should be completed by the end of ST5 and a second project should be completed by the end of ST7. Assessment of the process will use the audit assessment (AA) Tool or QIPAT.</p> <p>The cardiology WPBA guidance in the curriculum has been updated to reflect these changes and was previously available as a separate document on the JRCPTB website since July 2014.</p>
<p>Inherited Cardiovascular Conditions (ICC)</p>	<p>The opportunity to train in ICC has been formally introduced as an advanced specialist module in ST6/7 which can be taken in conjunction with other advanced modules from August 2015. All trainees will be eligible to apply for the module and should express their interest and discuss training options with their educational supervisor (ES) and training programme director (TPD).</p>

<p>Adult Congenital Heart Disease (ACHD)</p>	<p>Trainees who started in August 2015 will be expected to acquire the revised knowledge, skills and behaviours in the core cardiology ACHD syllabus. Trainees should complete the ACHD checklist (available on the JRCPTB website) which should be signed by the ACHD Supervisor and uploaded to the personal library of the ePortfolio.</p> <p>Trainees currently in ST4 and ST5 who have not yet completed ACHD should work to the 2015 amended curriculum and complete the checklist. If they have already completed ACHD training they will not be expected to acquire the revised competencies.</p> <p>Trainees in advanced specialist training (ST6-7) will not be expected to retrospectively acquire the revised competencies.</p>
<p>Coronary Angiography</p>	<p>Trainees will now have an extended period to acquire level 3 competence in angiography (cardiac catheterisation) if they are not undergoing advanced training in interventional cardiology at ST6/7. Please see the revised assessment section of the curriculum and the 2015 ARCP decision aid.</p>
<p>Permanent Pacing</p>	<p>Trainees are expected to have reached level 2 competence in cardiac pacing by the end of ST5 as evidenced by 6 Level 2 DOPs. As from August 2015, 2 of the 6 DOPS should be in Pacemaker programming so as to complement the surgical experience.</p> <p>E/P and Device trainees in ST6/7 are now recommended to undertake Modules 5 & 6 during training rather than considering them as optional.</p>

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