

Guidance on the implementation of the 2015 Immunology curriculum

Following a detailed review of the 2010 curriculum and development by the SAC, the new 2015 curriculum was approved by the GMC in November 2015. This document provides details of the new and amended content and guidance on the implementation for new and current trainees.

Transition to the new curriculum

The GMC require all trainees to be working to the current curriculum (please see [GMC position statement](#) and [JRCPTB guidance](#)). A two year transition period is allowed for new curricula, so **trainees whose CCT date is beyond December 2017 will be required to transfer to the 2015 curriculum before this date.**

The following general principles apply:

- Trainees who started in training in August 2015 will use the 2015 curriculum with immediate effect.
- Trainees who are in their final year of training should remain on the 2010 curriculum and are not required to transfer to the new curriculum.
- Trainees who are not in their final year of training but will CCT by December 2017 may choose whether to transfer or remain on the 2010 curriculum.
- Trainees remaining on the 2010 curriculum will continue to use the Laboratory Training Manual and Record for Specialty Registrars in Immunology.
- Those transferring to the 2015 curriculum should use the ePortfolio to record laboratory immunology from January 2016 (please see below).
- Trainees are responsible for ensuring they transfer to the new curriculum if appropriate and are advised to discuss their transition to the new curriculum with their educational supervisor as early as possible. Trainee's progress will be reviewed by the ARCP process.

Action to be taken by trainees

- Please arrange to speak to your educational supervisor to determine if you need to transfer to the 2015 curriculum in line with the implementation guidance.
- If it is agreed that you should transfer curriculum, please contact curriculum@jrcptb.org.uk to request that the 2015 Immunology curriculum is added to your ePortfolio account.
- Any links to competencies within older versions of the curriculum will not be transferred to the new curriculum but they will remain accessible on your eportfolio. All future evidence of competence progression should be linked to the most recent curriculum once you have transferred.

- We do not mandate that competencies already achieved are marked off on the new curriculum, but you and your supervisor are advised to add ratings for competencies already achieved and in the comments insert "see evidence linked to 2010 curriculum".
- You should scan and upload a copy of the Laboratory Training Manual to your personal library on the ePortfolio. You will need to discuss what you have covered to date with your educational supervisor and map it to the 2015 curriculum, referring to the grid below to convert levels of competency.
- If it is agreed that you should remain on the 2010 curriculum and continue to use the Laboratory Training Manual you do not need to take any further action. Please note that in line with GMC requirements, you must transfer to the latest curriculum if your CCT date is extended beyond December 2017.

Laboratory immunology competencies

Competency grades and formative assessments for laboratory immunology have been revised in the new curriculum.

From January 2016, trainees following the 2015 curriculum will be able to record evidence and ratings for laboratory competencies in the ePortfolio, as for other curriculum content. Trainees remaining on the 2010 curriculum will continue to use the Laboratory Training Manual and record for Specialty Registrars in Immunology.

Trainees who have been using the laboratory training manual and are transferring to the new curriculum should scan and upload a copy of the manual to their personal library on the ePortfolio. They should discuss what they have covered to date with their educational supervisor (ES) and map it to the 2015 curriculum, referring to the grid below to convert levels of competency.

Laboratory manual (2010 curriculum)	Laboratory competencies (2015 curriculum)
1	1
2	2
3	
4	3

Summary of new and changed content in the 2015 curriculum

Change to structure

The 2015 curriculum follows the same spiral structure as the 2010 curriculum and the summative assessments remain the FRCPATH Parts 1 and 2. The following key changes have been made:

- **Integration of laboratory competencies and single grading of competencies**

The laboratory competencies previously contained in the laboratory manual have been integrated into the curriculum and to improve clarity, a single grading of competencies is now used across all domains.

- **Specified competency grades within each section**

Trainees were concerned that the 2010 curriculum did not specify what level of competency was required for items within a section. To improve clarity, the new curriculum identifies what level of competence is required for specific items within each section. For example, in the Auto Immunity and Vasculitis section, a trainee is required to have level 3 competence (autonomous practice) in the ability to liaise and refer when auto immunity arises in allergic or immune deficient patients. On the other hand, the trainee would only be expected to have level 2 competence (ability to recognise, understand and critically discuss the principles of treatment) for any given auto immune disease.

Trainees are no longer required to achieve level 3 competences in Fundamental Immunology, as this would indicate autonomous practice.

- **New sections containing existing items**

To improve clarity two new sections have been created, containing items moved out of crowded existing sections. These are Therapeutics (3.4) and Lymphoid malignancy and secondary Immune-deficiency & transplant (3.5) – please see details below.

Changes to content

Primary Immunodeficiency Diseases (3.2)

Corresponds to content of section 3.2 in 2010 curriculum.

Added:

- How to provide support for families affected by genetic conditions. This was introduced at the request of the patient group consulted during curriculum review.

Therapeutics (3.4)

New section. The majority of content items were present in other parts of the 2010 curriculum.

Added:

- Principles of gene therapy for PID
- Toxicities of recombinant proteins including cytokines, cytokine antagonists, ligand antagonists and monoclonal antibodies

Lymphoid malignancy, secondary immunodeficiency and transplant (3.5)

New section bringing together content from the 2010 curriculum and made more explicit.

Allergic Disease (3.6)

Added:

- Recognises and ensures patients enter the appropriate pathways for the following non allergic illnesses: Contact dermatitis, Chronic idiopathic urticaria, Coeliac, Lactose intolerance, IBD, patients who have had “alternative” allergy tests but do not have allergic symptoms, ACE inhibitor reactions, Hypersensitivity pneumonitis, Non allergic causes of raised IgE and Chronic fatigue syndrome
- Understands the evidence for, the role of & limitations of specialist allergy tests including component resolved diagnosis and basophil activation.

Laboratory Immunology (3.7)

Removed:

- Items on water purification, balances, cryostats and spectrometers– these are considered too technical
- Obsolete methods have also been removed: double diffusion, fungal antibodies, CRP and B2 microglobulin PAGE, W Blot, 2 D electrophoresis and chromatography

Added:

- Immunocap
- Free light chains (serum and urine) testing

Change in documentation

European Society for Immunodeficiencies – An introduction to the Diagnostic Criteria for PID (via [this link](#)). Previously there was a list of specific diseases. However, in this very rapidly changing area trainers and trainees agree that citing a web based resource is a better way of being inclusive of developments rather than listing every item.

Generic changes to the curriculum

Sections on Good Medical Practice and Equality and Diversity have been updated in line with changes to versions and legislation.

The multiple consultant report has been added to assessment section and ARCP decision aid (the MCR is already a mandatory requirement for trainees).

Please see below for a summary of the competency levels across the curriculum in the 2010 and 2015 curricula.

Summary of competency levels for curriculum content

2010 Immunology curriculum

Curriculum topic	ST3	ST4	ST5	ST6	ST7
Fundamental Immunology	Level 1 competent	Level 2 competent	Level 2 competent	Level 2 competent	Level 3 competent
Laboratory Immunology	Level 1 competent	Level 2 competent	Level 2 competent	Level 2 competent	Level 3 competent
Primary immunodeficiency	Level 1 competent	Level 2 competent	Level 2 competent	Level 2 competent	Level 3 competent
Allergy	Level 1 competent	Level 2 competent	Level 2 competent	Level 2 competent	Level 3 competent
Autoimmune disease & systemic vasculitides	Level 1 competent	Level 2 competent	Level 2 competent	Level 2 competent	Level 3 competent
Acquisition of common competencies	20%	40%	60%	80%	100%

2015 Immunology curriculum

Curriculum topic	ST3	ST4	ST5	ST6	ST7
Fundamental Immunology	Achieved level 1 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 2 competencies
Laboratory Immunology	Achieved level 1 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 3 competencies
Primary immunodeficiency	Achieved level 1 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 3 competencies
Allergy	Achieved level 1 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 3 competencies
Autoimmune disease & systemic vasculitides	Achieved level 1 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 3 competencies
Therapeutics	Achieved level 1 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 3 competencies
Lymphoid malignancy, secondary immune-deficiency & transplant	Achieved level 1 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 2 competencies	Achieved level 3 competencies
Acquisition of common competencies	20%	40%	60%	80%	100%

Updated 27 January 2016