

The 2010 Cardiology Curriculum

Advanced Specialist area Modules in Cardiology (Final 2 Years)

The need for focussed specialist area training in Cardiology is evident with many consultant posts in the NHS being advertised as a “Cardiologist with a Special Interest in” – Interventional Cardiology, Electrophysiology, Non-invasive Imaging, Adult Congenital Heart Disease (ACHD) or Heart Failure. These, therefore are the five specialist area topics selected as the titles of the advanced specialist area modules.

Previously, many trainees in Cardiology enrolled in informal, locally based specialist area training and consequently there is a clear educational need for the evolution of formal curriculum driven specialist area training. Similar developments are evident both in Europe and the USA.

Trainees will be encouraged to consider during their core training, which specialist area or specialist areas interest them. They should then, through the appraisal processes, discuss with their Educational Supervisors and Training Programme Directors (TPDs) their aptitude for their chosen specialist area and this should be an important factor in their subsequent choice of training posts. The specialist area syllabi should be used by both trainees and trainers to shape the configuration of individual’s training programmes. In some training posts, it will be possible for the trainee to acquire some of the knowledge, skills and behaviours of the specialist area modules during some of the posts designed for core training. Career guidance will be an important part of this process.

For trainees planning for a single specialty CCT in Cardiology, the final two years of clinical training will consist of advanced training in the specialist area modules in conjunction with general Cardiology including the necessary involvement with general Cardiology on-call rotas to ensure sufficient experience and expertise in emergency Cardiology and gaining any remaining competencies needed from core cardiology training.

At PYA all components of core training will be assessed and any deficiencies will need to be rectified prior to the issuing of a CCT in Cardiology. It will therefore be expected that trainees will have achieved the majority, if not all of the competencies, in core training before embarking on advanced training.

Advanced specialist area training in the final two years will be organised on a modular basis. To allow TPDs and trainees to plan an achievable mixture of modules within the time frame the modules have been allocated indicative ‘units’ which reflect the time necessary to complete the acquisition of competencies.

Modular specialist area training model:

- Trainees must combine 4 or 5 “units” for CCT
- Modules to be taken in full
- Modular Weightings:
 - 1a. ACHD 2 or 4;
 - 1b. Heart Disease in Pregnancy (must be attached to ACHD) - 1
 - 2a. Advanced Rhythm Management EP + Devices - 4;
 - 2b. Advanced Rhythm Management Device Therapy - 2
 3. Heart Failure 2;
 4. Coronary Intervention 4;
 - 5a. Advanced Echocardiography 1 - 2
 - 5b. Advanced Echocardiography 2 - 4
 - 5b. Nuclear Cardiology - 2
 - 5c. Cardiac MR - 2
 - 5d. Cardiac CT - 2
 6. Academic Cardiology (Academic post-holders) Up to 4
 7. GIM for dual CCT - 2

Progression into specialist area:

All cardiology trainees will undergo advanced specialist area training after completion of core competences. Although trainees will sit the knowledge based assessment (KBA) before entering ST6 passing the exam will not be an absolute requirement for progression which will be based on satisfactory confirmation of core competences using workplace-based assessments (WPBAs). The KBA score will not be useful to aid decisions around allocation. ST6 and ST7 training is to be organised at deanery or cluster level with the exception of ACHD training which is to be organised at a national level. TPDs should contact the specialist advisory committee (SAC) ACHD representative for advice on training opportunities for ST6 and ST7 as soon as it is clear that an ST5 trainee wishes to undertake advanced specialist area modules in ACHD. ACHD NTN subspecialty advanced training posts will be advertised and appointed nationally, giving trainees in all deaneries who wish to specialise in ACHD the opportunity to train. If the post is outside their deanery, it should be taken as an out of programme episode for training (OOPT).

Trainees are not guaranteed progression to modules of their choice. Access to advanced specialist area training modules will be subject to trainees' aptitudes and deanery training capacity. Deaneries might need to arrange short term OOPT to provide some components of advanced specialist area training curricula that are not available locally e.g. exposure to transplantation/LVADs for heart failure, optional PCI interventions etc. Trainees should specify their preference to their training director and allocation should occur by interview at deanery level using person specifications for each specialty area.

A competitive selection process might be necessary for some over-subscribed modules. This should be a robust process modelled on current arrangements for ST3 allocation with an appropriate person specification, selection criteria, selection process etc. There should be no discrimination other than clinical ability/aptitude. Candidates should specify their first preference to their training director and a second in case that subspecialty advanced training module is unavailable locally and the candidate does not wish to move. In exceptional circumstances if TPDs identify forthcoming vacant ST6/7 advanced module they could make these known to other TPDs. Hence, if a TPD identifies an ST5 who cannot obtain an appropriate ST6/7 post in their own Deanery, the TPD could

apply to the deanery with vacant capacity and arrange a local interview with the receiving Deanery for a post to commence in August. If accepted, the ST6-7 years should be treated as OOPT (not an inter-deanery transfer).

**ADDITIONAL SAC GUIDANCE ON ALLOCATION TO ADVANCED MODULES
MARCH 2011**

“Allocation to advanced modules should occur by **informal** interview at deanery level using the person specification of each specialty and candidates should specify their preference to their training director.”

- Such ‘informal interviews’ do not constitute competitive selection and should be seen as more of an ‘allocation meeting’ with an opportunity for interview practice and also as a method to cement trainee and trainer commitment to the planning of the ST6 and ST7 years. This may include consideration of any OOPE or OOPR plans. The precise timing and format is to be determined by each deanery. They could take place after the ST5 ARCP. Those who have done this have extolled the value of having trainees prepare an up-to-date CV to address their aptitudes guided by the person specs for the advanced modules. The person specifications have been updated by the Cardiology SAC.

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Recent GMC guidance suggests the requirement for lay involvement in such interviews.

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This should be an informal process run through e-mail contact between TPDs. Any excess training capacity not filled by these mechanisms could then be made available as training fellowships. TPDs should note that NTN within a deanery should have ‘first call’ on training capacity.

ADDITIONAL SAC GUIDANCE ON ALLOCATION TO ADVANCED MODULES MAY 2012

Occasional problems have been encountered when cardiology trainees move from their general training (ST3, ST4 and ST5) into advanced modular training (ST6 and ST7). The following SAC guidance may help with their successful resolution:

- 1) The cardiology trainees should be encouraged to consider their preferred option for advanced modular training during the early part of their training period – in other words during their time as ST3 and ST4. The person specifications for the advanced modules outline the necessary attributes to be considered. This consideration should form part of their appraisals with clinical supervisors and educational supervisors and be noted in their reports in the e-portfolio. Evidence of support from a clinical supervisor for advanced training is a desirable criterion for successful allocation. These data should be discussed with the trainee at their annual assessment and feedback given to the trainee by the Training Committee. Clearly, their choice of preferred advanced training may change during this period. Academic trainees and less than full time trainees should be able to undertake any of the advanced modules appropriate for their aptitudes and abilities.
- 2) The cardiology trainee will need to make a final decision regarding their choice of advanced modular training during their ST5 year. This will need to be communicated to the Training Programme Director and the other members of the Training Committee.
- 3) If a slot is available for advanced modular training in the chosen area and if the trainers feel that this is an appropriate choice for the trainee based on their assessments, then there should be no particular problems. The trainee will be able to be allocated to the training slot and assessed in the usual way during their period of advanced modular training to assess progress with training and suitability for on-going training.
- 4) Difficulties may arise, however, if either there is no slot available for the chosen advanced modular training, or if the trainers consider that the trainee has made a choice which is inappropriate for their particular skills based on their assessments.
- 5) If no slot is available for advanced modular training, because there are too many trainees wishing to do that particular sub-specialty, then consideration should be given to holding competitive interviews using a fair and transparent process based on the person specifications for the advanced modules. For those successful at competitive interview, then there should be no further issues to be addressed with them proceeding to advanced modular training. Those who are not successful may either choose an alternative area for advanced modular training, or may wish to consider other options (see 6 below).
- 6) If the trainee is not offered a slot in their chosen area by their own deanery, but their choice of advanced modules is supported by the trainers, then they may be supported by their TPD and PGD if they were able to find a placement suitable for OOPT. This may be in the UK or overseas but would require the necessary funding to be available, the necessary curricular

requirements to be met and assurances that a complete package covering ST6 and ST7 can be delivered and prospectively agreed.

- 7) If the trainers consider the chosen advanced modules to be inappropriate for that particular trainee based on their assessments, then the trainee should be counselled by members of the training committee, ideally including the Training Programme Director. Some of the trainees will accept this advice, and change to an alternative area for their advanced modular training, which is supported by the trainers and more appropriate for their competences.
- 8) If, however, the trainee finds it difficult to accept the advice of the trainers/training committee, and they insist that they wish to attempt training in that particular advanced module, then there may be an option to allow them to enter advanced modular training in that particular area on a trial basis. In such cases, however, it is important to enter into an explicit agreement with the trainee, which clearly states the concerns and way forward. Once the trainee enters their advanced modular training, they should undergo assessments in the usual way to assess progress with training and suitability for on-going training. There should be a TPD review scheduled for 3 months and 6 months. If the trainee progresses in a satisfactory fashion, then they should be allowed to continue with their advanced modular training in that particular sub-speciality. If, however, the trainee does not progress in a satisfactory fashion, then an alternative (i.e. "plan B") needs to have been identified at the outset, prior to entering advanced modular training. This needs to be stated in advance, and agreed with the trainee. This is likely to be advanced modular training in an alternative area and is likely to require an extension to training time. It is extremely important in these difficult situations that the plan is made clear with both the trainee and the trainer before they enter advanced modular training. Both the trainee and the trainer need to agree the "contract" in advance and agree the action to be taken in the various scenarios. Full and clear documentation is essential in these situations.

Link: [2010 cardiology curriculum](#)