

Dual CCT training in Cardiology and General Internal Medicine (GIM)

Guidance on indicative training time for dual
training programmes

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Introduction

Trainees can single certify in cardiology within a five year (60 months) programme following the 2010 curriculum. Trainees on a dual CCT programme with GIM can also certify in both cardiology and GIM within five years if they undertake a period of GIM training during advanced modular training in ST6 or ST7. However, if a dual CCT trainee wishes to undertake advanced modular training that takes up to 24 months to complete (the majority of trainees), they will require a longer training time. Under current practice, this has not been allowed and has led to many trainees opting to drop the GIM CCT.

GIM competencies that can be acquired during core cardiology training (ST3-ST5)

Core training in cardiology includes concomitant training in general internal medicine (GIM) and all trainees will spend one year – usually ST3 – training in GIM. This period will be as part of a team of cardiology consultants covering the acute medical take with continuing responsibility for all the patients assigned to it (after allowing for any locally determined specialist area triage). Inpatient and outpatient work will normally be confined to work within this team although organisationally it is likely that trainees will often undertake acute medical takes and the post-take round with consultant physicians on other firms.

The GIM training undertaken during core cardiology will provide the trainee with broad medical experience at a higher specialist trainee level of responsibility. The trainee will build on the competencies gained during core medical training (CMT) or acute care common stem acute medicine (ACCS-AM) training prior to entering cardiology and will aim to achieve competencies at the highest level of descriptors in as broad a range of conditions as encountered. These should include as a minimum the GIM presentations listed in appendix 1, table 1.

In addition, common competencies which should be acquired by all physicians during training are included in both the 2010 cardiology and 2009 GIM curricula. Evidence of learning and assessment for these competencies will be counted towards both curricula and does not need to be repeated. These common competencies are listed in appendix 1, table 2.

Advanced specialist area modules

The 2010 cardiology curriculum includes five specialist area topics reflecting the special interest areas of NHS consultant posts: interventional cardiology, electrophysiology, non-invasive imaging, adult congenital heart disease and heart failure. An additional advanced module in inherited cardiovascular conditions is expected to be approved by the GMC and available to trainees from August 2015. These modules are allocated unit weightings, with each unit equating to six months indicative training time.

Trainees will decide on their specialist area during core training and the final two years of clinical training for doctors on single specialty CCT programmes will normally consist of advanced training in four units of specialist area modules (five units if heart Disease in Pregnancy or Inherited Cardiovascular Conditions are also selected but these must be completed within the two years). This will be in conjunction with general cardiology training and trainees will be expected to be involved in general cardiology on-call rotas and as a

guideline 70% of the training time should be allocated to advanced modular training and 30% to general cardiology.

Trainees on dual CCT training programmes with GIM will normally need two units to complete GIM training. The advanced modules and the number of units allocated to each are listed below.

Advanced specialist area modules

Module	Description	Units
1a	Adolescent and Adult Congenital Heart Disease (ACHD)	2 or 4
1b	Heart Disease in Pregnancy (must be attached to ACHD)	1
2	Advanced Rhythm Management EP + Devices	4
	Advanced Rhythm Management Device Therapy	2
3	Heart Failure	2
4	Coronary Intervention	4
5a	Advanced Echocardiography 1	2
5b	Advanced Echocardiography 2	4
5c	Nuclear Cardiology	2
5d	Cardiac MR	2
	Cardiac CT	2
6	Core Skills in Inherited Cardiovascular Conditions (from August 2015)	1
	GIM for dual CCT	2
	Academic Cardiology (Academic post-holders)	Up to 4

Length of training

Trainees on dual CCT programmes in cardiology and GIM will spend 12 months (two units) training in GIM training in ST6 or ST7 in order to complete the GIM competencies not covered during core cardiology. In a five year training programme this will mean that a trainee on a dual CCT programme can only complete two units of cardiology advanced specialist area training.

With increasing service pressures in acute medicine, many cardiology trainees are spending more time in GIM training during core cardiology and it may be possible for trainees to acquire many of the GIM competencies for CCT during ST3-ST5. The cardiology and GIM SACs agreed that these trainees would require a minimum of three months of GIM training at the end of ST7 to ensure competencies were maintained, and in order to provide this, an ARCP outcome 3 would be awarded. It is recognised that using an inflexible system with an unfavourable ARCP outcome to extend training is not ideal.

Conversely, trainees spending more time in GIM training during ST3-5 as a consequence of increased service pressures do not always acquire the targeted competences in core cardiology, and sometimes have to extend their training time at the end of ST5, usually as an ARCP 3, before entering advanced modular training.

The length of the training programme for a trainee on a dual CCT programme should be determined prospectively by the GIM and cardiology competencies acquired during ST3-5 and the trainee's choice of advanced specialist area modules. Training programmes should normally allow up to 72 months training time for trainees on dual cardiology and GIM CCT programmes but it may be possible for trainees to

complete in 60 months depending on the advanced module selected. The indicative training time will be agreed at the end of ST5 when the specialist modules are agreed and this can be adjusted according to a trainee’s progress and experience of acquiring GIM competences in years ST3-5. This is in line with JRCPTB policy on accelerated CCT dates.

Experience suggests that many trainees undertaking 4 units of advanced cardiology will require 63-66 months to complete dual training but a few may need 72. Further review will occur at the GIM and cardiology penultimate year assessments (PYAs) and it is recommended that the GIM and cardiology PYAs are combined at which point the final CCT date will be determined. Trainees will still have the option at this point of either single or dual certifying depending on choice and employment opportunities.

The two options for trainees undertaking dual training in cardiology and GIM training are shown in the diagram below.

Options for dual cardiology and GIM training

Options	ST3-ST5	ST6	ST7	ST8	Maximum training time
A	Cardiology GIM ^a	Cardiology advanced specialist area modules (4 units)		Cardiology GIM ^b	72 months
B	Cardiology GIM ^a	Cardiology advanced specialist area modules (2 units) / GIM (2 units)		N/A	60 months

^aVariable proportions of GIM to Cardiology training depending on LETB

^bMinimum of 30% training time spent in cardiology to maintain competencies, but may require a higher percentage depending on competencies achieved by the end of ST7

Appendix 1

Table 1: GIM competencies that can be acquired during core cardiology training

Syllabus area	Competency
Emergency presentations	Shocked patient
	Unconscious patient
Top presentations	Black out/collapse
	Breathlessness
	Chest Pain
	Confusion, acute
	Haematemesis & melaena (GI bleeding)
	Palpitations
Other important presentations	Medical problems following surgical procedure
	Syncope and pre-syncope

Table 2: Common Competencies in 2010 Cardiology and 2009 GIM curricula

Common competencies	Cardiology	GIM
History Taking	√	√
Clinical Examination	√	√
Therapeutics and Safe Prescribing	√	√
Time Management and Decision Making	√	√
Decision Making and Clinical Reasoning	√	√
The Patient as Central Focus of Care	√	√
Patient Safety in Clinical Practice	√	√
Team Working	√	√
Principles of Quality and Safety Improvement	√	√
Infection Control	√	√
Managing Long Term Conditions and Promoting Patient Self-Care	√	√
Relationships with Patients and Communication within a Consultation	√	√
Breaking Bad News	√	√
Complaints and Medical Error	√	√
Communication with Colleagues and Cooperation	√	√
Health Promotion, Health Inequalities and Public Health	√	√
Principles of Medical Ethics and Confidentiality	√	√
Valid Consent	√	√
Legal Framework for Practice	√	√
Ethical Research	√	√
Evidence and Guidelines	√	√
Audit	√	√
Teaching and Training	√	√
Personal Behaviour	√	√
Management and NHS Structure	√	√