

# British Cardiovascular Society: training division



Welcome to the third of the series of news and reviews from the British Cardiovascular Society (BCS). In this article, Dr Jim Hall, Vice-President for Training BCS, gives an overview of the Society's involvement in training in cardiovascular medicine in the UK.

## BCS training division

The BCS Training Division, headed by the Vice-President for Training, has the objective of maintaining the high standards of training in cardiovascular medicine in the UK. Excellent training standards are a key strategic objective for the BCS since they are critical for ensuring the future provision of high-quality cardiovascular care.

As readers will be aware, there have been many changes in the rules and regulations surrounding medical postgraduate training in recent years and it has sometimes been difficult to know exactly where the different responsibilities lie. The BCS has to interact with a variety of other bodies in order to influence cardiology training and the following is a short outline of the key linkages and an attempt to explain the different roles.

## Links with the Cardiology SAC and other training bodies

The BCS Vice-President for Training is also the Chairman of the Cardiology Specialist Advisory Committee (SAC). It is through this close linkage that the BCS has its major input into the standards of cardiology training across the UK. The SAC is a sub-committee of the Physicians Training Board (PTB), which itself is a sub-committee of the Federation of Royal Colleges of Physicians of the UK. The PTB, and hence SAC, has delegated responsibility from the General Medical Council (GMC) for setting the standards for higher specialist training in cardiology.

The SAC sets the training standards in cardiology principally by:

- writing the curriculum
- developing the assessment strategy

- providing advice on the approval of training programmes and posts
- reviewing applications for periods of out-of-programme experience/research/training (OOPE/R/T)
- reviewing applications for less than full-time training (LTFT)
- providing the assessors for penultimate year assessments (PYA) and other external advice for quality management
- providing recommendations for awards of certificate of completion of training (CCT) and entry into the Specialist Register
- advising on the interpretation of the Gold Guide in relation to cardiology trainees.

The SAC consists mainly of cardiologists who are representatives of deanery-based training programmes and also of the affiliated groups of the BCS. There is good representation of, and communication with, the 17 deanery-based cardiology training programme directors. The SAC also contains the lead postgraduate dean, two trainee representatives and a lay member. All members provide two-way communications to and from their relevant 'constituencies'. The current secretary is Dr Ian Wilson and the full membership can be found on the PTB website ([www.jrcptb.org.uk](http://www.jrcptb.org.uk)).

The regulatory framework for training is now set by the GMC, which absorbed the previous statutory body PMETB on 1st April 2010. The GMC produces formal standards and guidance on the conduct, assurance and certification of medical training throughout the UK (e.g. standards for curricula and assessment systems, see [www.gmc-uk.org](http://www.gmc-uk.org)). The Health Departments, with advice from Medical Education England (MEE), PTB and similar bodies, oversee the structure of training, set the number of training posts and oversee entry to specialist training as outlined in the Gold Guide (see [www.mmc.nhs.uk](http://www.mmc.nhs.uk)). The BCS link with the SAC provides the input from the Training Division into all these processes.

## Blueprint for training – Cardiology Curriculum 2010

A key recent development has been the updating of the Cardiology Curriculum, including revisions to bring it in line with current GMC standards. The revised curriculum now includes new areas of practice such as cardiac computed tomography (CT) and also generic areas of good medical practice such as medical leadership, and is available at the PTB website.

## Assessment of training

The main methods for assessing acquisition of competences by trainees are the workplace-based assessments (WPBA) such as directly observed procedural skills (DOPS), case-based discussion (CBD), etc. There is, in addition, an MCQ exam: the Knowledge-Based Assessment (KBA). The first sitting was held during the 2010 BCS Annual Conference in Manchester for trainees in the third year of Specialty Training (ST5). The BCS Training Division has been responsible for developing this exam in conjunction with the European Society of Cardiology (ESC). As well as BCS members writing the questions as part of the ESC Task Force there is a Standard Setting Group, led by Dr Rob Wright, that reviews the exam and sets the pass mark. Confirmation of the acquisition of competences takes place at the deanery-based annual review of competence progression (ARCP) and is externally verified towards the end of training via the penultimate year assessment (PYA).

## Delivery of training

Cardiology training is delivered by local education providers, i.e. cardiac departments within Trusts across the UK, grouped together to provide rotations within postgraduate deanery programmes.

## NEWS FROM THE BCS

Cardiologists work with trainees as clinical supervisors to coach them in specific cardiologic skills, and also as educational supervisors to mentor their career development. The BCS/SAC is involved in the training of clinical and educational supervisors. To supplement all this training, the BCS Education and Research Division also provides a range of curriculum-based education. Some of this is embedded in the BCS Annual Conference while some occurs as stand-alone events, e.g. the Cardiology Review Course, a partnership between the BCS and the Mayo Clinic.

### The role of trainees

Interaction with trainees is one of the more rewarding aspects of a consultant cardiologist's job and a major component of the BCS Training Division's activities. The BCS has 400 trainee members with a large proportion of these being joint members with the British Junior Cardiologists' Association (BJCA). From this membership there are trainee representatives as key members of the SAC, the curriculum writing groups and Standard-Setting Group of the KBA. Feedback from the wider body of trainees is actively sought at the BCS Annual Conference on the opening training day, and also informally at the many educational events ●

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