

Annex 9

Annual college/faculty Summary Form per specialty or sub-specialty

This form is a **summary of the minor changes** made to the curriculum and/or assessment system for each specialty or sub-specialty during a given period.

The changes must be in accordance with the definition of a minor change and should comply with PMETB's *Standards for curricula*, March 2005 and the *Principles for an assessment system for postgraduate medical training*, September 2004.

ALL SECTIONS OF THE FORM MUST BE COMPLETED AND ONE FORM SHOULD BE COMPLETED PER SPECIALTY OR SUB-SPECIALTY

Section 1. Details of the medical Royal College/Faculty/ Specialist Association

Details of the medical Royal College/Faculty/Specialist Association	
Name	Joint Royal Colleges of Physicians Training Board
Specialty	Geriatric Medicine
Sub-specialty	
Contact details for the person responsible for submitting this form to PMETB	
Name	W Burr
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Section 2. Details of changes made for the period

Section 2(a) Please tick ONE box: 2008/9 2009/10 2010/11

Section 2(b)

Box reference	Minor changes made	Page reference in original document*	Proposed new wording	Rationale for changes made
1.	Additions to glossary	Page 4	ACAT, ARCP, IMCA, PG, QA, QC, QM	These are some of the new abbreviations in use
2.	Delete 'RITA' from glossary	Page 4		RITA is being replaced by ARCP
3.	Delete PSQ from glossary	Page 4	Insert PS = Patient Survey	PSQ renamed as PS (Patient Survey)
4.	Delete text 'General Internal Medicine'	Page 5, Rationale, 1.1 4 th paragraph		General Internal Medicine is effectively replaced by Acute Medicine
5.	Delete paragraph	Page 5, Rationale, 1.1 5 th paragraph	Insert new paragraph to read "The curriculum will be achieved by completing the necessary specialty posts within training programmes. From August 2007	This is the new terminology

			trainees will be described as Specialist Registrars (StRs) and the training programme will follow core medical or acute care specialist training and run from Specialty Training (ST) year 3 through to Specialty Training year 7"	
6.	Delete all reference to text 'General Internal Medicine'	Page 6, (diagramme) Page 7, 1.3 second para		Now G(I)M is Acute Medicine
7.	Delete text 'day hospital'	Page 9, 2.1 1.	To read '.....out-patient or community settings including day hospitals'	Day Hospitals are not now universal in the NHS and are one of a number of options for community experience
8.	Insert text	Page 10, 2.1 - 2.	To read 'in in-patient setting, out-patient setting and community setting where appropriate'.	Covers the relevant settings for experience
9.	Insert text 'education of the patient and carer'	Page 11, 2	Insert between '... for each patient including' and 'treatment, rehabilitation....'	More emphasis on education
10.	Delete word 'from' and insert 'between'	Page 11, 4	'transfer of care between.....'	Improved English
11.	Insert text 'dementia'	Page 12, 2.2.3 8 th bullet	Psychiatric e.g dementia	We are putting more emphasis on dementia in light of the dementia strategy
12.	Amend text	Page 12, 2.2.3 last bullet	Weight loss and Malnutrition	New emphasis
13.	Delete text and insert new	Page 12, 2.2.4 2 nd para	Gastrointestinal: ulcer healing drugs and laxatives Cardiovascular: inotropes, diuretics, anti-arrythmics, anti-hypertensives, drugs for heart failure and angina, antiplatelet agents, lipid lowering agents, anticoagulants Respiratory: bronchodilators CNS: hypnotics	We felt in light of changes in therapeutics this section needed updating

			<p>and anxiolytics, antipsychotics, antidepressants, analgesics, antiepileptics, drugs for Parkinson's disease, drugs for dementia Infections: antibiotics Endocrine: insulin and oral hyoglycaemics, drugs for thyroid disease, steroids, drugs for osteoporosis Urinary Tract: drugs for incontinence Nutrition: vitamins and mineral supplements Vaccines</p>	
14.	Delete 'Advance Directives'	Page 13, 2.3, 6 th bullet	Insert 'Advance Decisions'	New legal terminology
15.	Transpose text from 'Trainees will take part and lead in bedside teaching'	Page 16, 3.1	Transpose to 'Trainees will take part in and lead bedside teaching'	Importance of bedside teaching
16.	Additional text to paragraph	Page 16, 3.3	<p>Learning will also take place by undertaking audit, research, teaching, presenting and writing and observing management and taking part in clinical governance activities e.g. risk management, handling complaints, writing guidelines and pathways etc. In particular all trainees should take part in clinical audit and will need to complete a full audit cycle for at least one topic.</p>	We wish our trainees to be particularly well versed in all aspects of clinical governance due to the vulnerability of older people. A full audit cycle is essential to show the ability and to understand the proper purpose of audit.
17.	Delete reference to RITA	Page 17, 3.4 And through document	Amend to Annual Review of Competence Progression (ARCP)	Terminology change

18.	Delete `....meet with and question the trainee to ...' and insert new text. Add additional sentence to end of paragraph.	Page 17, 3.4	Paragraph to read `..... and progress with assessments. If a trainee has not completed assessments satisfactorily a meeting will be arranged with the trainee. Recommendations are madein meeting the curriculum requirements. It would be preferable for the trainee to attend this panel meeting to meet the external SAC representative.'	New methodology from the "Gold Guide"
19.	Additional text	Page 17, 2 nd paragraph, 3 rd sentence	Between 'MRCP (UK) diploma' and ' prior to the..' add 'including PACES'	PACES is an important test of basic clinical skills necessary to benefit from higher training
20.	Additional text	Page 17, 2 nd paragraph 7 th sentence	Between '...knowledge assessment' and 'by the time of...' add '(KBA)'	KBA is a new assessment technique
21.	Additional text to end of paragraph	Page 17 end of paragraph	In the final year of training after the PYA a satisfactorily progressing trainee may undertake a post as an "Acting Up Consultant" for up to 3 months w.t.e. Each trainee should have a named supervisor during this period. Approval is given by the trainee's deanery but the JRCPTB must be notified in advance.	This is a long standing rule that needs to be formally included in the curriculum.
22.	Additional text to end of paragraph	Page 17, 3.5	Longer periods (more than 3 months fulltime) of subspecialty training will count towards the out of programme experience allowance of 1 year.	This is to allow trainees to spend longer on developing higher level skills but to ensure they have sufficient time for the rest of our curricula.
23.	Insert new 3.6 paragraph	Page 18	3.6 Out of Programme	This gives additional flexibility for trainees to

			<p>Experience</p> <p>For the satisfactorily progressing trainee up to one year in total can be taken out of programme (and counted towards the CCT required experience) for research (as above), overseas experience, stroke care to certificate level in an approved training post, Acute Medicine level 3 (in an approved training post), primary care (GP), high level subspecialty training (community and intermediate care, dementia and psychogeriatric services, continence, movement disorders, orthogeriatrics and falls) or in other specialties related to geriatric medicine e.g. neurology, rehabilitation, rheumatology, oncology, diabetes, renal medicine and palliative care. Alternatively a trainee could take a year out of programme to acquire a Masters in Business Administration or in Education. All such training must be prospectively approved by the trainee's deanery and by the SAC. Evidence will need to be provided from the supervisor of training during the attachment of satisfactory progress and achievement of the required objectives e.g.</p>	<p>develop additional skills important for the future of medicine e.g. medical education, management, research or higher level clinical skills. We will be submitting new grids for higher level skills with the next major change to the curriculum.</p>
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			relevant publications in peer reviewed journals after a period out of programme in research. Out of programme experience will normally take place from year ST4 onwards. More than 1 year can be taken out of programme (normally a maximum of 3 years) but only 1 year will count towards a CCT in geriatric medicine.	
24.	After 4 th sentence insert text	Page 18, 3.6 (amended to 3.7)	Insert 'A minimum of 4 hours and preferably 6-8 hours as specified above' then continue 'should be dedicated	We wish to emphasize the minimum expected formal education required.
25.	Insert new section 3.8 Flexible training	Page 18	3.8 Flexible Training Flexible trainees must be placed in prospectively approved posts for training. The timetable of posts they undertake will need to be prospectively submitted to and approved by the SAC. On Call should be pro rata of the equivalent full time appointment in the post appointed to. The length of the training programme will be calculated so that the total training time is equivalent to the total time spent by the full time trainee.	This is the requirement of PMETB which we wish to emphasise. The rules about on call have been operated for a long time but need formal stating in the curriculum.
26.	Insert new section 3.9 Sick and Maternity/Paternity leave	Page 18	3.9 Sick and Maternity/Paternity leave Trainees who have had more than 12 weeks sick or	These are long standing rules which need to be formally stated in the curriculum.

			maternity/paternity leave during their training programme will have their CCT date postponed such that any training time lost over 12 weeks is added to the total training time.	
27.	Insert text at end of sentence	Page 23, 3, Diagnosis.... heading Objective	'...including day hospitals'.	Day hospitals are one way of obtaining community experience.
28.	Insert extra text within penultimate bullet point	Page 23, 3, Diagnosis..... Heading Subject Matter	To read `• Specific expert knowledge (e.g. national guidelines) of common chronic conditions eg cardiac failure, ischaemic heart disease and peripheral vascular disease, asthma & COPD, musculoskeletal disorders (osteo- & rheumatoid arthritis & gout), movement disorders, diabetes and thyroid disease, chronic renal failure, cancer and chronic mental illness, (see other grids where relevant).	Since the General internal medicine curriculum has been replaced by the Acute Medicine curriculum we need to put more emphasis on Chronic disease in our own curriculum
29.	Insert extra bullet point	Page 23, 3, Diagnosis..... heading Teaching Methods	<ul style="list-style-type: none"> • Contact with a patient based organisation 	Patient organisations are an increasingly important part of clinical practice
30.	Delete 'day hospital' between 'out-patient' and 'and'	Page 24, 4, Rehabilitation heading Objective		Day Hospitals are now one option for community experience.
31.	Insert text between 'settings' and 'and'	Page 24, 4, Rehabilitation.... heading Objective	'including day hospitals'	Day Hospitals are now one option for community experience.
32.	Transpose Knowledge bullet points: <ul style="list-style-type: none"> • Specialist rehabilitation services • Evidence base for rehabilitation • Goal setting in rehabilitation 	Page 24, 4, Rehabilitation & Multidisciplinary Team Working. Heading Subject Matter	Knowledge bullet points now to read: <ul style="list-style-type: none"> • Basic gerontology • Principles of rehabilitation and comprehensive assessment • Goal setting in rehabilitation • Evidence base for rehabilitation • Assessment scales 	Reordering for emphasis. IMCAs have arrived through the Mental Capacity Act and affect our everyday practice in caring for older people. Similarly intermediate care is much more common as a way of providing rehabilitation care.

			<ul style="list-style-type: none"> • Roles and expertise of different members of interdisciplinary team • Physical therapies which improve muscle strength and function • Therapeutic techniques/training to improve balance and gait • Aids and appliances which reduce disability • Specialist rehabilitation services • Scope and nature of intermediate care approaches • Role and referral to IMCAs 	
33.	Additional bullet point	Page 26, 6 Intermediate Care. Heading Teaching Methods	Familiarisation with respite care services for patients with different care needs	The new emphasis for respite is on knowing how it is provided and how to access it rather than the NHS formally providing it.
34.	Transpose word 'prognosis'	Page 27, 7 Long Term Continuing Care. Heading Subject Matter, sub heading Behaviours and attitudes, penultimate bullet point.	'To discuss prognosis empathetically with patients and families'	This we thought was more patient friendly.
35.	Additional text to last bullet point	Page 28, 8a Falls. Heading Subject Matter, sub heading Knowledge	Interventions to prevent falls and minimise consequences e.g. diagnosis and management of osteoporosis, use of Lifeline	Falls prevention is increasingly important.
36.	Additional bullet point	Page 29, 8b Delirium. Heading Subject Matter, sub heading Knowledge	Role of drugs when other measures fail and safe dosage	Increased emphasis on safe use of medication.
37.	Delete 'day hospital and in'	Page 35, Stroke Care. Heading Teaching Methods 3 rd bullet point	Multidisciplinary working (in the inpatient setting, in the community, supervised by senior medical, nursing e.g. stroke-outreach and thrombolysis nurses and therapy	Thrombolysis for stroke is becoming standard practice and often involves a multidisciplinary approach.

			staff).	
38.	Insert number	Page 36, Assessment Strategy	5. Assessment Strategy	More details on assessment is now included in the curriculum.
39.	Insert new 1 st paragraph	Page 36, 5. Assessment Strategy	Assessment of progress will take place throughout the training programme. It will comprise workplace based assessments (including Mini-CEX, CBD, ACAT, DOPS, MSF and PS) and also a knowledge based assessment (KBA) (Multiple Choice Questionnaire), plus clinical and educational supervisor reports and an assessment of audit and teaching practice.	These are the developing assessment tools we plan to use and which we are validating and spending a lot of time on educating assessors on their appropriate use as educational and assessment devices.
40.	Delete 2 nd , 3 rd & 4 th paragraphs and insert new paragraphs	Page 36, 5. Assessment Strategy	<p>The Federation of the Royal Colleges of Physicians has piloted the Mini-CEX, DOPS and MSF but the other workplace based assessment tools are currently undergoing evaluation so that all methods will have demonstrated validity and reliability. The KBA will utilise elements of the MRCP(UK) examination relevant to training.</p> <p>An assessment blueprint has been developed which maps the assessment methods on to the curriculum in a systematic way. The blueprint ensures that there is appropriate sampling across the curriculum. There</p>	This describes what we are doing with the assessment methodology. We have developed the e-portfolio as the new training record to fit in with modern approaches to recording of progress in training.

			<p>are decision support aids and an assessment plan to indicate the way these assessment tools should be used. The relevant documents are available in addition to this curriculum</p> <p>Each trainee should complete a training record or e-portfolio (the e-portfolio is to be rolled out to all Geriatric Medicine StRs probably in 2009). The training record includes a summary of workplace based and other assessments, evidence of reflective practice, records of courses attended, audit, research and teaching undertaken and publications and any evidence of the trainees progress. It will also include personal development plans, educational supervisor reports and ARCP forms.</p>	
41.	Delete No 5 and insert No 6	Page 36, Trainee Supervision and Feedback	6. Trainee Supervision and Feedback	We wish to emphasise the value of feedback to trainees.
42.	Delete 4 th sentence beginning 'In addition there will be ...' And insert new sentence	Page 36, Supervision	<p>In addition there will be a knowledge based assessment (KBA) taking the format of a multiple choice questionnaire. Trainees should have passed the KBA by the time of the PYA and it must be passed before issue of the CCT. Trainee progress will be reviewed</p>	These are the new rules on assessment processes.

			annually through the ARCP process which will involve the regional specialty adviser, representative of the postgraduate dean and other consultants informed by reports from educational and research supervisors and others on the trainee's progress combined with feedback on the formal work based assessments.	
43.	Amend 5.1 to 6.1	Page 37, 5.1, Role of the Educational Supervisor	6. Role of the Educational Supervisor	We wish to support the important role of the educational supervisor.
44.	Amend 5.1.1 to 6.1.1	Page 37, 5.1.1	6.1.1 Overseeing an	Improved English
45.	Amend 5.1.2 to 6.1.2	Page 37, 5.1.2	6.1.2 Conducting an	Improved English
46.	Amend 5.1.3 to 6.1.3	Page 37, 5.1.3	6.1.3 Conducting in-training....	Improved English
47.	Amend 5.1.4 to 6.1.4 And delete RITA and insert ARCP	Page 37, 5.1.4	6.1.4 Preparing the trainee for annual ARCP	New terminology
48.	Amend 5.1.5 to 6.1.5 Change text from '...that their posts meet the standards.....'	Page 38, 5.1.5	6.1.5 '....'that each post meets the standards...'	The emphasis on standards in training posts is important.
49.	Amend 5.2 to 6.2	Page 38 5.2 Role of the Academic Mentor	6.2 Role of the Academic Mentor	We promote the academic mentor approach to developing academic skills.
50.	Amend (new 6.2) text in 2 nd paragraph, last sentence.	Page 38 5.2	Last sentence to read "The mentor should help prepare the trainees to provide a report on their academic progress to the ARCP panel.	This is the suggested process for academic mentor input to the assessment process/
51.	Amend 5.3 to 6.3	Page 38 5.3	6.3 Trainees in difficulty	Renumbering
52.	Amend 5.4 to 6.4 Amend 5 th bullet point deleting 'RITA'	Page 38 5.4	6.4 Responsibilities.....	New terminology

	and 'should be prepared for and'		Last sentence to read 'The trainee should provide all the necessary documentation for the ARCP which they may need to attend.'	
53.	Amend 5.5 to 6.5	Page 39 Supervision of Practice.....	6.5	Renumbering
54.	Amend heading numbering	Pages 40 to 42	e.g 7 Curriculum Implementation 7.1 Deaneries.....	Renumbering
55.	Include further website	Page 42 – Appendix 1 - useful websites	Http://www.statistics.gov.uk Useful for population statistics	More help on relevant information.
56.	Delete ISBN number for Elderly Medicine and insert amended number	Page 44	ISBN-13; 978-0443103025	Updated
57.	Insert additional recommendations	Page 44	Rapid Review of Medicine in Old Age. Vassallo M, Allen S 2007 ISBN 13: 9781840760903 Measurement Scales Used in Elderly Care. Gupta A 2008 ISBN 9781846192661	New books
58.	Insert additional recommendations	Page 45 – Psychiatry of Old Age	The Oxford Textbook of Old Age Psychiatry (2008) Editors: Jacoby R, Oppenheimer C, Denning T and Thomas A. Oxford ISBN: 9780199298105	New books
59.	Delete ISBN for Parkinson's Disease in the older patient and replace	Page 45 – Neurology	2008 ISBN 978-1-84619-114-5	Updated book

[* please stipulate whether this refers to the curriculum or the assessment system]


Section 3. Details of proposed changes for the forthcoming period

Please use this section to inform PMETB of any changes proposed for the forthcoming reporting period as far as the college/faculty is aware.

Box reference	Proposed changes	Page reference in original document*	Proposed new wording	Rationale for changes proposed
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60.				
61.				
62.				
63.				

[* please stipulate whether this refers to the curriculum or the assessment system]

Section 4. Declaration	
<p>I confirm that the information given on this annual college summary form is correct and I understand that failure to disclose relevant information may result in the curriculum and/or assessment system no longer being approved.</p>	
<p>Signature:</p> 	<p>Date:</p> <p>18 November 2008</p>
<p>Position held: Medical Director</p>	

This form must be submitted electronically to: curriculum.eval@pmetb.org.uk

And in hard copy (1 copy) to: Curriculum & Evaluation, Postgraduate Medical Education & Training Board
Hercules House, Hercules Road, London, SE1 7DU