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	Haematology
Sub-specialty	
Contact details for the person responsible for submitting this form to PMETB	
Name	W Burr
Address	5 St Andrews Place Regent's Park London NW1 4LB
Job Title/Role	Medical Director
Telephone number	0207 935 1174
Mobile number	
Email	

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.	Insert basic paediatric competencies and punctuation correction	P3 para 2	This commences after completion of core training [core medical training(CMT) or acute care common stem (medicine) ACC(M) or basic paediatric competencies].	Document training for paediatric haematology

2.	Update PMETB approval for out of programme research	P3 para 6	Line 4: Time out of programme for research *needs support from the SAC and the post graduate dean.* Line 9: can be counted but in both cases must be prospectively approved *by PMETB*	New guidance from PMETB
3.	Update for Integrated academic training programme	New para to be inserted after para 6	Selected academic programmes contain posts awarded for the UKCRC/MMC integrated academic training programme. This initiative integrates the development of academic skills with each of the key stages of a clinician's career. (academic clinical fellows and academic clinical lecturers) http://www.nccrcd.nhs.uk/intetacatrain	New national development in England. A parallel scheme operates in Scotland
4.	Remove one each year	P6 para 9	National general and special interest haematology courses often include high quality educational sessions. Attendance *at some* such meetings is a reasonable expectation	Practicalities
5.	Remove duration of transfusion course	P 8 para 5	During this *2 year* period a formal transfusion course *or equivalent* would be appropriate	Transfusion training provision under review
6.	Update research paragraph to incorporate Academic training	P 9 research	Trainees following the integrated academic path (academic clincal fellow) will compete for an externally	New national development

			funded research grant and undertake a higher degree. They will then complete for an academic clinical lecturer post to complete academic and clinical training. Others may apply for time out of programme for research to complete an externally funded specific project or research degree . This needs support from the SAC and the post graduate dean and must be prospectively approved by PMETB if time spent is to be counted towards CCT. They will then re-enter clinical training. A different but equivalent model applies in Scotland	
7.	Additional information.	Page 4	Entry to ST3 should include entry from Paediatrics with MRCPCH	
8.	Delete MRCPath throughout document	All document	Replace with FRCPath	
9.	Substitute BMS for MLSO throughout document	throughout	BMS	Change in name of laboratory staff to biomedical scientists (BMS)
10.	Insert title to learning objectives : **Introduction to Haematology (1)**	P10	**Introduction to Haematology (1)**	Title omitted from previous document
11.	Insert knowledge, skills attitudes and learning methods for laboratory practice	P 10 new first row in table	Knowledge: Gain knowledge of laboratory practice including laboratory management, organisation, health	Tabulation of objective defined for introductory training on p9

			and safety and quality control Skills: Works safely in the laboratory Attitudes : Recognises the importance of working with the laboratory Learning methods: ACD	
12.	–Remove from table under skills "performs" and Insert under knowledge: understanding their principles and limitations Update name of FDPs	P11, second row	Describe the techniques for coagulation testing including automation of coagulation tests and thrombophilia tests – understanding their principles and limitations Outline current methods for automated coagulation testing Able to interpret PT, INR, APPT, Thrombin time, Fibrinogen assay and Fibrin D-dimer results Add in learning method I	Removal of need for performance of tests. Updating of name of investigations
13.	Insert introductory knowledge, skills attitudes and learning methods for haemoglobinopathies	P11, new row 3 below coagulation testing	Knowledge: Understands the tests used in the diagnosis of haemoglobinopathies Skills: Recognises the indications for haemoglobinopathy screening Attitudes: Participates in liaison between laboratory and clinical teams Learning methods: ABCDI	Tabulation of introductory training for haemoglobinopathies in light of national focus on these disorders and introduction of national screening programmes.
14.	Add letter 's' to coagulation pathways	P21 Row 1 column 1	Describe coagulation and the coagulation pathways including	Omitted 's' in previous version

			control mechanisms and fibrinolysis	
15.	Insertion of attitudes in objectives grid	P21 row 4 col 3	Attitudes: Appreciates patient sensitivities and implications of a positive result	Omitted in previous version
16.	Insertion of attitudes in objectives grid	P21 row 5 col 3	Attitudes Appreciates patient preferences, beliefs and concerns regarding replacement therapies	Omitted in previous version
17.	Change thrombophilia to thrombosis	P22 title	Thrombosis	Accuracy of term
18.	Change thrombophilia to thrombosis in index of clincal haematology objectives	P 14 number 7	**CLINICAL HAEMATOLOGY** OBJECTIVES By the end of the educational programme trainees would be expected to manage the following, under supervision:- 1. Anaemias 2. Acute leukaemias 3. Chronic leukaemias 4. Paraproteinaemias 5. Lymphoproliferative disorders 6. Congenital coagulation disorders 7. Thrombosis	As above
19.	Split this KSA row 2 into 2 rows: Firstly Insert under knowledge , and the role of risk assessment and use of thromboprophylaxis Describe the indications and methods for thromboprophylaxis, both pharmacological and non-	P22 row 2 col 1	Knowledge: Identifies risk factors for thrombosis, and the role of risk assessment and use of thromboprophylaxis Describes the indications and methods for thromboprophylaxis, both pharmacological and non-pharmacological Understands the role	National focus on venous thrombosis and its prevention

	pharmacological. Understands the role of laboratory tests and clinical scoring in the diagnosis and management of venous thrombosis Insert under skills: Ability to apply knowledge to the routine use of a hospital thromboprophylaxis policy Demonstrates appropriate use of clinical and laboratory methods in the diagnosis and management of patients with venous thrombosis Update learning methods Move thrombophilia KSA to new next box	Col 2 Col 4	of laboratory tests and clinical scoring in the diagnosis and management of venous thrombosis Skills: Ability to apply knowledge to the routine use of a hospital thromboprophylaxis policy Demonstrates appropriate use of clinical and laboratory methods in the diagnosis and management of patients with venous thrombosis Learning methods: ABFGHIJ	
20.	Split this KSA row 2 into 2 rows: Firstly Insert under knowledge , and the role of risk assessment and use of thromboprophylaxis Describe the indications and methods for thromboprophylaxis, both pharmacological and non-pharmacological. Understands the role of laboratory tests and clinical scoring in the diagnosis and management of venous thrombosis Insert under skills: Ability to apply knowledge to the routine use of a	P22 row 2 col 1 Col 2	Knowledge: Identifies risk factors for thrombosis, and the role of risk assessment and use of thromboprophylaxis Describes the indications and methods for thromboprophylaxis, both pharmacological and non-pharmacological Understands the role of laboratory tests and clinical scoring in the diagnosis and management of venous thrombosis Skills: Ability to apply knowledge to the routine use of a hospital thromboprophylaxis policy	National focus on venous thrombosis and its prevention

	hospital thromboprophylaxis policy Demonstrates appropriate use of clinical and laboratory methods in the diagnosis and management of patients with venous thrombosis Update learning methods Move thrombophilia KSA to new next box	Col 4	Demonstrates appropriate use of clinical and laboratory methods in the diagnosis and management of patients with venous thrombosis Learning methods: ABFGHIJ	
21.	Commence new row for thrombophilia – new row 3	P 22 row 2 Second half	New row reads Knowledge: Describe the natural history, presentation and complications of thrombophilia, including both inherited and acquired disorders Skills: Demonstrates appropriate use of clinical and laboratory methods to reach a diagnosis Demonstrates competence in the treatment and prophylaxis of thrombophilic conditions Demonstrates competence in genetic counselling	To make clear in view of additional content of previous row
22.	Insert and understands their principles and limitations	P22 row 3	Explain the techniques for the measurement of Protein C, Protein S, ATIII, APCR and Lupus Anticoagulant, and understands their principles and limitations Outline the molecular techniques used in diagnosis of heritable	Clarification of objective

			thrombophilia	
23.	Insertion of attitudes in objectives grid	P 22 row 3 col 3	Attitude: Understands the sensitivities around the diagnosis of a familial disorder	Omitted in previous version
24.	Insert in skills: Able to interpret thrombophilia results in these situations Add learning methods ABF	P 22 row 4 col 2 P 22 row4 col 4	Skill: Able to interpret thrombophilia results in these situations Successfully manages pregnancy in affected individuals Learning methods ABFHI	Clarification of skills and additional appropriate learning methods
25.	Insert in knowledge (both Vitamin K antagonists and newer factor specific agents)	P 23 row 1 col1	Knowledge ; Describe the mechanisms of action and define the indications for the use of heparin, oral anticoagulants (both Vitamin K antagonists and newer factor specific agents) and platelet inhibitors	Development of new anticoagulants
26.	Insertion of attitudes in objectives grid	P 23 row1 col 3	Attitides: Appreciates the need for individualised patient risk:benefit assessment	Omitted in previous version
27.	Removal of spaces in over-anticoagulation	P 23 row 3 col2	Advises appropriately on the management of over–anticoagulation	Correction of typo
28.	Insert new Knowledge Skills + learning methods row on thrombocytopenia as shown in red	P 25 row 3 Col1 Col2 Col 4	Knowledge Describe the mechanisms leading to acquired thrombocytopenia, the relevant investigations required to determine the aetiology and the available management options Skills: Selects and evaluates investigations correctly and formulates an appropriate management plan Learning methods ABFHK	Omitted from previous version

29.	**Update of haemoglobinopathy learning objectives:**	P26		Update in light of national focus on these disorders and introduction of national screening programmes.
30.	Insert in skills box Understands the interacting abnormalities and… Insert attitudes: Establishes rapport with and is considerate of the patient and family's cultural and social needs Update learning methods add CDE I	P26 row 1 col 2 Col 3 Col 4	Skills: Understands the interacting abnormalities and demonstrates competence in genetic counselling Attitudes: Establishes rapport with and is considerate of the patient and family's cultural and social needs Learning methods ACDEFI	Omitted in previous version
31.	Rewording of knowledge and skills insert text as in red	P 26 row 2 col 1	Knowledge: Describe the epidemiology presentation and natural history of sickle cell and thalassaemic syndromes Skills: Demonstrates competence in taking a history and examination of the patient. Uses appropriate laboratory and radiological investigations to establish a diagnosis	To clarify
32.	New row for diagnosis and screening: insert knowledge, skills attitudes and learning methods as described in red:	P 26 row 3	Knowledge Describe the techniques for the diagnosis of haemoglobin disorders including an awareness of national screening programmes Skills: Correctly interprets electrophoresis and HPLC traces Appropriately refers for molecular testing	Update in light of national focus on these disorders and introduction of national screening programmes.

			Attitudes: Applies laboratory results to patient care Learning methods ABCDEF	
33.	New row for diagnosis and management specific complications.: insert knowledge, skills attitudes and learning methods as described in red:	P 26 new row 4	Knowledge Describe the diagnosis and management of specific major acute complications, including the acute chest syndrome, painful crisis, stroke Skills : Establishes a diagnosis and formulates a management plan. Uses analgesia appropriately Attitudes: Works as part of a multidisciplinary team. Recognises need to refer to other colleagues Learning methods: ABFHI	Update in light of national focus on these disorders and introduction of national screening programmes.
34.	New row for transfusion in sickle cell and thalassaemia. Insert knowledge, skills attitudes and learning methods as described in red:	P 26 new row 5	Knowledge: Explain appropriate use of transfusion in sickle and thalassaemia. Describe the complications, assessment and treatment of transfusional iron overload. Skills: Appropriately uses transfusions and manages iron overload Attitudes: Demonstrates an awareness of the multi-disciplinary nature of management in these patients Learning methods ADFI	Update in light of national focus on these disorders and better blood transfusion.
35.	New row for long term complications in	P 26 new row 6	Knowledge: Describe the long term	Update in light of national focus on

	sickle cell and thalassaemia. Insert knowledge, skills attitudes and learning methods as described in red:		complications of haemoglobin disorders (including orthopaedic, ophthalmic, renal, pulmonary, endocrine and fertility issues) and their management, in particular the need for comprehensive multi-disciplinary care Skills: Uses and interprets appropriate screening methods for chronic organ damage Attitudes: Exhibits understanding of the impact of physical & psychosocial factors. Aware and considerate of the impact of cultural issues Learning methods ABFGHI	these disorders and introduction of national screening programmes.
36.	New row for long term complications in sickle cell and thalassaemia. Insert knowledge, skills attitudes and learning methods as described in red:	P 26 new row 7	Knowledge: Understand the use of disease modifying agents in haemoglobin disorders Skills: Advises patients appropriately about the use and side effects of disease modifying drugs Attitudes: Works as part of the MDT Learning methods: A H F	Update in light of national focus on these disorders and introduction of national screening programmes.

[* 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
37.				
38.				
39.				
40.				

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

Section 4. Declaration	
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.	
Signature: 	Date: 18 November 2008
Position held: Medical Director	

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