

New curriculum for Haematology

Annette Nicolle
Curriculum lead for SAC
Mark Ethell, SAC Chair
Kate Talks, SAC Vice-Chair
June 2021

General Medical Council

- Review of all medical curricula and assessment standards
- Introduction of Generic professional capabilities (GPC) framework
- All postgraduate curricula updated to reflect this from 2017
- Promote flexibility in postgraduate training

The nine domains of the GMC's Generic Professional Capabilities



New for IMT from 2019

Internal Medicine (IMT)

- Curriculum approved by the GMC Dec 2017
- Replaced CMT from August 2019
- 3 years of post-foundation training IMT 1-3

Specialty training

- Group 1 specialties (dual accreditation) (4 years including general medicine)
- Group 2 specialties (single accreditation) – includes Haematology



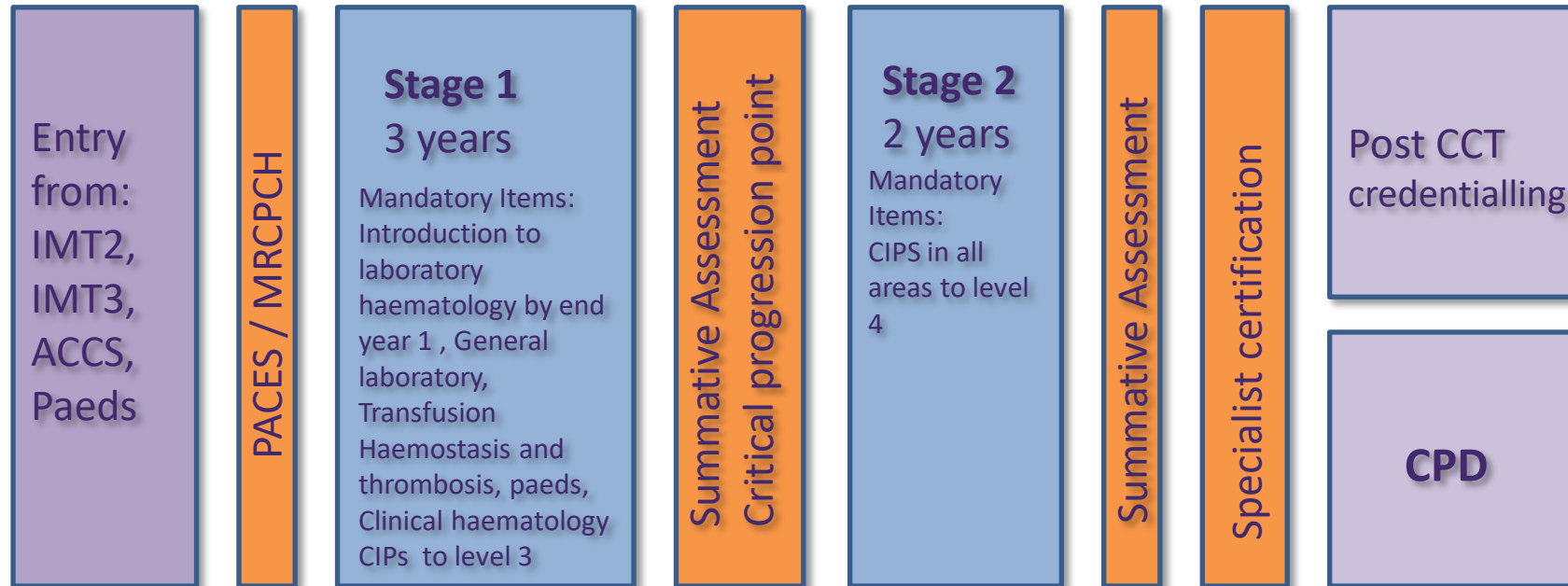
New Haematology curriculum

Agreement that haematology training should remain at 5 years

- In order to comply with no extension of medical training overall, haematology will recruit trainees after IMT2
 - Trainees need full PACES/ MRCPCH
- (But can also recruit after IMT3, fellow posts etc etc)
- The new IM curriculum was implemented in August 2019
- Group 2 specialties will need to implement their new curricula for August 2021



Haematology training pathway



FRCPPath
Part 1

FRCPPath
Part 2

Work place based assessment

Who developed the new Haematology Curriculum?

Responsibility for developing the new JRCPTB Haematology Curriculum given to the SAC (Specialty Advisory Committee)

Membership:

- Chair Dr Mark Ethell, Vice-chair Kate Talks, Curriculum lead Annette Nicolle
- Training Programme Directors from all regions of UK
- Lead Postgraduate Dean (Dr Martin Beaman / Mr Jon Hossain)
- Lay member (Mr Carl Flint)
- 2 trainee representatives



JRCPTB

Joint Royal Colleges of Physicians Training Board

**Haematology Training Curriculum
Implementation August 2021**



ROYAL COLLEGE
of PHYSICIANS
of EDINBURGH



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



Royal College
of Physicians

Now published on the JRCPTB Specialty page....

<https://www.jrcptb.org.uk/sites/default/files/Haematology%202021%20Curriculum%20FINAL.pdf>



ROYAL COLLEGE
of PHYSICIANS
of EDINBURGH



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



Royal College
of Physicians

What's is different?

- Spiral curriculum with a change in emphasis towards a trainee's ability to perform the role, and a judgement of the level of supervision required, rather than ticking off conditions as you see them
- Updated eportfolio to reflect this – requires judgment from the supervisors about a trainee's capability
- New format for educational and clinical supervisor's report
- New ARCP decision aid



Transition process

- All new trainees are to use the new curriculum from August 2021
- Existing trainees should transition at next end of training year ARCP
 - for the majority this is August 2021 or after ARCP later in the year
- Trainees on LTFT, OOP and special leave - transition at next end-of-training year ARCP

Except

- Trainees in the final 12 months of training; trainees who have had final year extended, as long as CCT before August 2023

Beyond August 2023 all trainees will be on the new curriculum



Transition process

- There will be no expectation to transfer evidence from the old curriculum to the new on eportfolio
- When a trainee transfers to the new curriculum there should be a discussion between the trainee and the ES to chart their current level of attainment
- The SAC have produced a guide to using the curriculum for trainers and trainees, which will be on the JRCPTB website, plus the TPDs will be providing information and support locally.
- Gap analysis form on eportfolio – “light touch”



New curriculum – generic changes to all curricula

- Smaller number of high level learning outcomes - capabilities in practice (CiPs) - replace large numbers of competencies
- Holistic assessment of trainee progression
- Expert judgement of educational supervisor using entrustment levels
- Progression grid sets out expected level of supervision required at end of each training year
- Generic and specialty CiPs are mapped to the GMC's Generic Professional Capabilities (GPCs)



Structure of curriculum

- Purpose statement
- Training pathway description
- Capabilities in Practice (CiPs)
- Presentations and conditions
- Description of learning methods and programme of assessment



Capabilities in practice

- Capabilities in practice (CiPs) describe the professional tasks or work within the scope of a curriculum
- CiPs are based on the format of entrustable professional activities
- They utilise professional judgement of appropriately trained, expert assessors (clinical and educational supervisors)
- They provide a defensible way of forming global judgements of professional performance
- In order to complete training the doctor must demonstrate that they are capable of unsupervised practice in all CiPs as detailed in the curriculum



Capabilities in practice in the curriculum

Each CiP is further broken down into:

- descriptors
- the expected levels of performance
 - minimum level of knowledge, skills and attitudes which should be demonstrated
 - not a comprehensive list and there are many more examples that would provide equally valid evidence of performance
- how the CiP is mapped to the relevant Generic Professional Capabilities (GPC)
- the evidence that may be used to inform entrustment decisions



Generic CiPs – common to all curricula

1. Able to successfully function within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carrying out research and managing data appropriately
6. Acting as a clinical teacher and clinical supervisor



Specialty CiPs for Haematology

1. Providing a comprehensive haematology laboratory service, including investigation, reporting and blood transfusion
2. Providing safe clinical advice to colleagues on interpretation of haematology laboratory results, blood transfusion practice and haematological disorders
3. Managing patients with suspected or known haematological disorders in the outpatient setting
4. Managing patient in an ambulatory/day unit environment including specialist haematological treatments
5. Managing inpatients with haematological conditions and provide continuity of care to haematological inpatients
6. Managing acute haematological emergencies in all environments
7. Managing end of life and palliative care skills



Specialty CiPs

1. Laboratory Haematology

Providing a comprehensive haematology laboratory service, including investigation, reporting and blood transfusion

Descriptors

- Demonstrates professional behaviour with regards to patients, carers, colleagues and others.
 - Demonstrates ability to interpret and report normal and abnormal laboratory results, contributes to multi-disciplinary team meetings, and communicates results effectively to the appropriate clinical team.
 - Formulates an appropriate differential diagnosis when interpreting laboratory investigations.
 - Recommends appropriate specialist/further investigations, using specialist knowledge of interpretation of laboratory investigations in combination with clinical information.
 - Prioritises further investigations and communicates their urgency effectively to laboratory staff, other colleagues, patients and carers.
 - Communicates test results and their implications effectively to patients and their carers, and involves them in shared decision making.
 - Offers advice for appropriate selection of blood products and the alternatives to blood transfusion.
 - Participates in internal and external quality assurance.
-
- Demonstrates knowledge of laboratory management structures and the processes involved in laboratory accreditation.
 - Demonstrates clinical leadership and contributes to quality aspects of the laboratory, including risk assessments and mitigations, incident reporting and investigation.
 - Understands the processes in place for the laboratory and blood transfusion service to respond to major incidents, including measures for appropriate communication between operational and clinical teams.



<p>GPCs</p>	<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty. <p>Domain 3: Professional knowledge</p> <ul style="list-style-type: none"> • professional requirements • national legislative requirements • the health service and healthcare systems in the four countries. <p>Domain 5: Capabilities in leadership and team-working</p> <p>Domain 6: Capabilities in patient safety and quality improvement</p> <ul style="list-style-type: none"> • patient safety • quality improvement.
<p>Evidence to inform decision</p>	<p>FRCPath</p> <p>CBD</p> <p>MCR</p> <p>Relevant training courses</p> <p>Evidence of attendance at Regional teaching</p> <p>End of placement reports</p> <p>Reflection</p>



Forms of assessment which feed into Educational Supervisor Report

- Multi-source feedback (MSF) – annually (new GMC requirement)
- Multiple consultant report
- Work-place based assessment – numbers on ARCP decision aid are indicative
 - DOPS for procedures
 - Mini-CEX and CBD
 - QIPAT (Quality Improvement Project Assessment Tool)
 - Teaching Observation
- FRCPATH exam



Multiple Consultant Report (MCR)

- This form is designed to help to capture the opinions of consultants who have supervised the trainee in clinical settings
- Respondents should provide feedback on the trainee's progress against the CiPs using global anchor statements
- It may not be possible to provide feedback against every CiP, however it is the trainees responsibility to ensure they have adequate feedback across the training year
- Min 2 per year, ES can release summary report



Global anchor statements

- The educational supervisor will record in the ES report whether the trainee is meeting expectations or not, using the global anchor statements
- Global anchor statements will also be used by assessors for supervised learning events, workplace-based assessments, and multiple consultant reports

Below expectations for this year of training

Meeting expectations for this year of training

Above expectations for this year of training



Entrustment Levels

- The educational supervisor will record their entrustment decision for each of the specialty CiPs based on the level of supervision required
- Only the ES makes entrustment decisions

Level 1	Entrusted to observe only
Level 2	Entrusted to act with direct supervision
Level 3	Entrusted to act with indirect supervision
Level 4	Entrusted to act unsupervised



Table 1: Outline grid of minimum levels expected for Haematology specialty CiPs by year of training

Level descriptors

Level 1: Entrusted to observe only – no clinical care

Level 2: Entrusted to act with direct supervision

Level 3: Entrusted to act with indirect supervision

Level 4: Entrusted to act unsupervised

Specialty CiP	Specialty training					CCT
	ST3	ST4	ST5	ST6	ST7	
Laboratory Haematology: Providing a comprehensive haematology laboratory service, including investigation, reporting and blood transfusion	2	3	3	3	4	CRITICAL PROGRESSION POINT
Liaison Haematology: Providing safe clinical advice to colleagues on interpretation of haematology laboratory results, blood transfusion practice and haematological disorders	2	3	3	3	4	
Outpatient Haematology: Managing patients with suspected or known haematological disorders in the outpatient setting	2	2	3	3	4	
Day Unit Haematology: Managing patient in an ambulatory/day unit environment including specialist haematological treatments	2	3	3	3	4	
Inpatient Haematology: Providing continuity of care to inpatients with haematological conditions	2	3	3	3	4	
Haematological Emergencies: Managing acute haematological emergencies in all environments	3	3	3	4	4	
Managing end of life and palliative care skills	3	3	3	4	4	



Presentations and conditions

Key presentations and conditions of haematology

List is not exhaustive and does not require evidence for every condition

- Haematological Emergencies
- Laboratory Haematology
- Blood Transfusion
- Haematological Malignancies
- Bone Marrow Failure Syndromes
- Haemostasis and Thrombosis
- General and Liaison Haematology
- Haemoglobinopathy
- Blood and Bone Marrow transplantation
- Palliative Care
- Paediatric Haematology

Example:

Clinical area	Presentations	Conditions/Issues
Haematological emergencies	Sepsis Pain Confusion Hypoxia Neurological symptoms Haemorrhage	Neutropenic sepsis Spinal cord compression Tumour lysis syndrome Sickle cell crisis Hyperviscosity syndrome Leukostasis Hypercalcaemia of malignancy Transfusion reactions Major Haemorrhage Thrombotic Thrombocytopenic Purpura (TTP)

Paediatric Haematology

- Wording had to be negotiated with GMC

“All trainees require a good general knowledge of paediatric haematology to facilitate providing advice for paediatrics on-call and in general hospitals. Post CCT, trainees may choose to work as paediatric haematologists. Trainees who wish to develop further experience of paediatric haematology to facilitate this career path may rotate through specific training posts in this field during the course of their training. The generic skills and CiPs will be common to all routes through haematology training, and the final outcome of a CCT in Haematology will be the same standard for all trainees.”

“All day-1 CCT holders will be qualified to work in both paediatric and adult units. Some trainees may choose to spend more time developing skills across the generality of the specialty whilst in a paediatric setting.”



Practical Procedures

Procedure	ST3	ST4	ST5	ST6	ST7
Minimum level required					
Bone marrow aspirate and trephine	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Administration of Intrathecal chemotherapy	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	Maintain	Maintain

Note:
Other procedures e.g. line insertions may be learnt, but practice varies across the country and they are not made part of the curriculum



End of training year assessment

Towards the end of the training year:

- trainees make a self-assessment of their progression for each CiP and record this in the ePortfolio, with signposting to the evidence to support their rating
- educational supervisors review the evidence in the trainee's ePortfolio and complete the educational supervisors report



Annual Review of Competence Progression (ARCP)

- The ARCP will be informed by the educational supervisor report and the evidence presented in the ePortfolio
- The ARCP panel make the final summative judgement on whether the trainee has achieved the generic outcomes and is capable of performing at the designated level of supervision for each clinical CiP
- The ARCP panel will determine whether the trainee can progress in accordance with The Gold Guide
- ARCPs should be annual even for LTFT trainees



Appendix 1: New ARCP decision aid - ST3-5, ST 6-7

Haematology ARCP decision aid ST3 ST4 ST5

Evidence/requirement	Notes	ST3 (Indicative Year 1)	ST4 (Indicative Year 2)	ST5 (Indicative Year 3)
Educational supervisor (ES) report	Minimum of one per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Clinical capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CiP and overall global rating of progression	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs
Multiple consultant report (MCR)	Minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee	2	2	2

Differences

- Assessment of CIPs by trainee and ES
- MSF annually
- Minimum number WPBA 6 per year (indicative number)
- Procedures – once competent maintained but not re-assessed
- Judgement of clinical activity
- Requirement for 50 hours teaching attendance
- QIPAT for QI project/ audit assessment ticket requirement



Rough guide (due to go on JRCPTB website)

Guidance for trainers, trainees and TPDs covering:

- Differences between old and new curricula
- Explanation of CiPs
- What is required from trainees and trainers – including examples of structure for meetings, how to write a PDP etc
- Types of evidence
- Transition arrangements
- ARCP process and decision aid – including guidance for what trainees need to upload



Resources for trainers

- Ensure supervisors are familiar with the new curriculum and their role and responsibilities
- Induction training for trainees should include a section on using the eportfolio
- The curriculum, ARCP decision aid and Rough Guide will be available on the specialty webpage www.jrcptb.org.uk/specialties/
- There will be resources on the JRCPTB website for trainees and trainers to support local training and self learning
- The new curriculum will be available on the ePortfolio from August



ePortfolio developments for higher specialty training



ePortfolio developments for higher specialty training

The curriculum has six generic and seven specialty capabilities in practice (CiPs)

Clicking on this info icon will provide details on the curriculum including a link to the curriculum on the JRCPTB webpage


The screenshot shows the JRCPTB (Joint Royal Colleges of Physicians Training Board) ePortfolio interface. At the top, the JRCPTB logo and name are displayed. Below this is the user profile for 'Dr JRCPTB Test Trainee'. A navigation menu includes 'Profile', 'Curriculum', 'Assessment', 'Reflection', 'Appraisal', 'Progress', 'PYA', and 'e-Learning'. A blue arrow points from a text box to an information icon (i) next to the 'Curriculum' menu item. Another blue arrow points from a text box to an information icon (i) next to the 'Physician Haematology Capabilities 2021' entry. Below the entry, there is a section for 'Learning Outcomes' with expandable options: 'Generic Capabilities in Practice (CiPs)', 'Specialty Capabilities in Practice (CiPs)', and 'Practical procedures'. Each option has an information icon (i) next to it.




ePortfolio developments for higher specialty training

Clicking on this info icon will provide guidance on the entrustment decisions including the four level descriptors



Specialty Capabilities in Practice (CiPs) 

1. Laboratory Haematology: Providing a comprehensive haematology laboratory service, including investigation, reporting and blood transfusion 

Rate ▾


 Link

Clicking on this info icon will bring up the CiP descriptors, GPC domains and suggested evidence




ePortfolio developments for higher specialty training

Specialty Capabilities in Practice (CiPs)

1. Laboratory Haematology: Providing a comprehensive haematology laboratory service, including investigation, reporting and blood transfusion 


Rate  Link 

2. Liaison Haematology: Providing safe clinical advice to colleagues on interpretation of haematology laboratory results, blood transfusion practice and haematological disorders 


Rate  Link 

3. Outpatient Haematology: Managing patients with suspected or known haematological disorders in the outpatient setting 


Rate  Link 

4. Day Unit Haematology: Managing patient in an ambulatory/day unit environment including specialist haematological treatments 


Rate  Link 

5. In-patient Haematology: Providing continuity of care to inpatients with haematological conditions 

Rate  Link 

6. Haematological Emergencies: Managing acute haematological emergencies in all environments 

Rate  Link 

7. Managing end of life and palliative care skills 

Rate  Link 

Trainees should link any relevant evidence (eg SLE) and complete a self-rating with comments to justify their rating for each CiP

Educational supervisors should review trainee self-rating and evidence and give their rating for each CiP with comments to justify their rating



ePortfolio developments for higher specialty training

Currently in development:

- Curriculum transfer/ gap analysis form
- Educational Supervisor's report with automated functionality
- Summary of progress page



Q&A

