

COMPETENCE AND TRAINING STATEMENT

2017 ACC/HRS Lifelong Learning Statement for Clinical Cardiac Electrophysiology Specialists



A Report of the ACC Competency Management Committee

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PREAMBLE

Since publication of its first Core Cardiovascular Training Statement (COCATS) in 1995, the American College of Cardiology (ACC) has defined the knowledge, experiences, skills, and behaviors expected of clinical cardiologists. Subsequent revisions have moved toward competency (outcomes)-based training based on the 6-domain competency structure promulgated by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties, and endorsed by the American Board of Internal Medicine (ABIM). The 6 domains include: medical knowledge, patient care and procedural skills, systems-based practice, practice-based learning and

improvement, professionalism, and interpersonal and communication skills. The ACC has taken a similar approach to describe the aligned general cardiology lifelong learning competencies that practicing cardiologists are expected to maintain. Many hospital systems now use the 6-domain structure as part of medical staff privileging, peer review, and professional competence assessments.

Whereas COCATS focuses on general clinical cardiology, ACC Advanced Training Statements define selected competencies beyond those expected of all cardiologists and that require training beyond a standard 3-year cardiovascular disease fellowship. This includes those disciplines for which there is an ABIM added-qualification designation, such as clinical cardiac electrophysiology (CCEP). The Advanced Training Statements describe key experiences and outcomes necessary to maintain or expand competencies during practice, and these are supplemented by additional lifelong learning statements that address the commitment to sustaining and enriching competency over the span of a career.

The ACC Competency Management Committee oversees the development and periodic revision of the cardiovascular training and competency statements. A key feature of competency-based training and performance is an outcome-based evaluation system. Although specific areas of training may require a minimum number of procedures or duration of training to ensure adequate exposure to the range of clinical disorders and effectively evaluate the trainee, the objective assessment of proficiency and outcomes demonstrates the achievement of competency. Evaluation tools include examinations, direct observation, procedure logbooks, simulation, conference presentations, and multisource (360°) evaluations, among others. For practicing physicians, these tools also include professional society registry or hospital quality data, peer-review processes, and patient satisfaction surveys.

The recommendations in the ACC cardiovascular training statements are based on available evidence and, where evidence is lacking, reflect expert opinion. All documents undergo a rigorous process of peer review and public comment. Recommendations are intended to guide the assessment of competence of cardiovascular care providers beginning independent practice, as well as those undergoing periodic review to ensure that competence is maintained.

The Advanced Training Statement on CCEP addresses the added competencies required of sub-specialists who focus on diagnosis and management of patients with cardiac arrhythmias and conduction disturbances at a high level of skill. The document complements the basic training in cardiac electrophysiology required of all trainees during the standard 3-year cardiovascular fellowship. The training requirements and clinical

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