

# SCT Newsletter



March/April/May  
2016

Hello and welcome to the latest SCT newsletter. Plenty of food for thought in this issue with the information regarding the proposed Masters Pathway which will be discussed further at the special general meeting at CSANZ in Rotorua this month along with proposed changes to the SCT constitution. Hope to see you all there!

## **Proposal to Introduce a Masters Pathway for Cardiac Physiologists**

The SCT Professional Development Group (PDG) has been discussing the merits of introducing a Masters Pathway for our profession. You were all sent the MTEC Masters Discussion Document from Otago University in March this year and hopefully most of you responded to Graham Orsbourn. The Otago document was intended to introduce some concepts and gain initial feedback from the profession.

Two options were circulated, a taught Masters and a research based Masters. The first option of a Taught Masters had 2 choices, for a device based Masters and a Specialist Practice in Cardiac Physiology Masters.

### 1. Device Based Masters

This type of programme would work through a highly structured curriculum, and would be designed for a cardiac physiologist wanting to establish themselves with a solid understanding of cardiac devices. This would consist of 4 x 30-point papers aimed at equipping students working with implanted cardiac devices to provide them with an understanding of clinical indications for pacemaker and implantable cardioverter defibrillators implantation, and understanding of how these devices work, how leads are designed and work, the basics of device programming, the implantation procedure and the use of clinics and home monitoring to ensure a quality device service is run. This programme would ideally suit students whom are one to two years out of the MTEX programme and whom are interested in and working in cardiac pacing field.

**All students would undertake the same curriculum and essentially have a similar level of comparable knowledge.**

## 2. Specialist Practice in Cardiac Physiology

This type of programme would be highly tailored to each student, and would be for senior cardiac physiologists wanting to explore an area of clinical practice in greater depth. This is technically a taught based masters. The course would also consist of 4x30 point papers, but each paper would involve a set of objectives being structured for the individual student, and then course work being undertaken with supervision from appropriate academic and clinical staff to guide the student. Because the course would be tailored around the individual student, any area of clinical cardiac physiology could be studied. Critical appraisal of primary research literature, synthesis of data, and implementation and assessment of quality improvement initiatives would be the themes that we would expect to be explored to some extent by each student.

**Students undertaking this type of masters would all have a different skill set that is not necessarily transferable.**

## 3. Research Based Masters

Alongside options 1 and 2 there could be a research based masters. (The above two options would technically be “taught” masters degrees). A research based Master’s degree would consist of a 30 point study design/research methods paper followed by a 90 point research thesis on a specialised subject. This is pure research based masters.

This is currently what is on offer for any student completing a PGD.

The options and the response to the Otago discussion paper were discussed at the recent PDG meeting on 5<sup>th</sup> April 2016. Initial arguments from SCT members against the introduction of a Masters are built on apathy. Reasons given were “not for me” or some expressed “are we over qualifying the workforce”. The SCT members who were positive about the concept had questions regarding industrial matters. Based on the response, there is no clear mandate from the profession as to which type of Masters to set up.

- a. Device Based Masters would need 4 – 6 students per year. The plan would be to start with devices and then develop an EP Masters if required. This would be aimed at the newer (post 1-2 years) qualified physiologists. For the other option, numbers wouldn’t matter and would be aimed at senior / advanced physiologists. The profession however can’t have both types of Masters, only one Masters programme can be developed and run by Otago.
- b. Masters costs are about \$6K per year. Over 2 years, this would be an intense course. There would also be a block course commitment, modelled on a minimum of 2 per year. Study allocation would be ½ day per week (released from work time).

Currently CEPIA costs about \$13K for one year, and while the applicant gains a Post Graduate qualification, it is not an advanced level qualification such as a Masters.

- c. IBHRE is a certification, not a qualification. It is very difficult to monitor how thoroughly an applicant covers the essentials of pacing, and significant gaps in knowledge can still exist.
- d. Regarding a Masters in Echo, there is no mandate and no cohesive group to discuss or progress this.
- e. Otago can offer support not linked to a qualification pathway, to other senior staff.
- f. How would the profession put it into practice in the Meca? Probably Step 8, beginning of expert level if Advanced Practice definitions is introduced.
- g. DHB funding? The Meca clearly states in Clause 20 that the employer shall provide all actual and reasonable costs for qualifications, training course and seminars as required by the employer. Examples are listed and are not an exhaustive list. We are currently paying for IBHRE and CEPIA.
- h. Peter Larsen is happy to visit as many centres as possible if a face to face meeting is required. Peter and Graham were invited to the SCT Special General Meeting at CSANZ in June where further discussions will be held.

The PDG recommends the introduction of a Device Based Masters for the profession, aimed at new graduates earlier in their career. This would be preferred over IBHRE (reasons above). All students would study the same curriculum and have comparable levels of knowledge. We recognize that a Masters is not for everyone to aim for and attain.

Due to the rapid expansion of EP services, there is also a need to consider an EP Masters taught in the same way as the Device Based Masters. This can be explored further once the Device Based Masters is underway.

**Can you provide all feedback/comments to Fiona Riddell, Chairperson SCT Council. Further discussion will be held at the SCT Special General Meeting on Thursday 25<sup>th</sup> June 2016 at CSANZ Rotorua.**

## SCT Fellowships for CSANZ Australia

Congratulations go to the two successful applicants for the Australia Fellowships this year:

- John Hunt, Cardiac Physiologist, Taranaki Base Hospital
- Sharron Denekamp, Charge Cardiac Physiologist, Christchurch Hospital

## New secretary required



# Wanted !!

# A new Secretary

The Secretary is a member of the Society Council. The position can be filled by any Ordinary or Affiliate member. Immediate start! Training given! But wait, there's more. This is your golden opportunity to give to your professional society. Feel good about volunteering!

If you are interested in finding out more, without obligation, please email Belinda Bennett at [adhb.govt.nz](mailto:adhb.govt.nz) and she can email you more info.