

**Clinical Pharmacology & Therapeutics ARCP Decision Aid -  
minimal standards for ARCP (satisfactory progress) outcome**

**Core Medical Training (ST1 and ST2)**

	<b>RITA Month 8</b>	<b>RITA Month 16</b>	<b>RITA Month 23</b>
<b>Emergency Presentations</b>	Some experience of all	Level 1 competent in all	Level 1 competent in all
<b>Top 20 Presentations</b>	Some experience of 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence) Some experience of all	Level 1 competent in all (mini-CEX / CbD / ACAT evidence)
<b>Other Presentations</b>	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 Competent in all relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)
<b>Procedures</b>	Competent in all procedures relevant to specialties experienced so far (DOPS evidence)	Competent in all procedures relevant to specialties experienced so far <b>and</b> Competent in 1/2 of all procedures (DOPS evidence)	Competent in all procedures (DOPS evidence)
<b>Generic Competencies (Focus areas)</b>	Some experience of 1/2 of Mandatory Level 1 Competency Focus Areas (mini-CEX / CbD / ACAT evidence)	Some experience of all Level 1 areas Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in all Level 1 Competency Focus areas Some experience of 1/2 of Level 2 Competency Focus areas (mini-CEX / CbD / ACAT evidence) Satisfactory progress in MSF
<b>Examinations</b>	-	Review MRCP (UK) Part I progress	MRCP (UK) Part I
<b>ALS</b>	Valid	Valid	Valid
<b>Minimum number of workplace assessments</b>	Minimum of 3 ACATs should be done per year (aiming for 6 per year) + min of 4 mini-CEX per year + min of 4 CbD per year + DOPS until independence in procedures demonstrated + 1 MSF per year		
<b>Events giving concern</b>	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety		

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CPT Specialist Training

Curriculum topic(s)	ST3	ST4	ST5	ST6
<b>Examinations</b>	MRCP(UK) Diploma		Specialist Exam *RITA D if not passed	RITA E if not passed Specialist Exam
<b>Mini-CEX/CbD</b>	At least 8 satisfactorily completed	At least 8 satisfactorily completed	At least 8 satisfactorily completed	At least 6 satisfactorily completed
<b>DOPS</b>	1 satisfactorily completed	1 satisfactorily completed	1 satisfactorily completed	1 satisfactorily completed
<b>MSF</b>	1 satisfactorily completed	1 satisfactorily completed	1 satisfactorily completed	1 satisfactorily completed
<b>Patient Survey</b>	1 satisfactorily completed		1 satisfactorily completed	
<b>Teaching evaluation</b>	1 satisfactorily completed	1 satisfactorily completed	1 satisfactorily completed	1 satisfactorily completed
<b>Attendance</b>	Satisfactory educational supervisor report	Satisfactory educational supervisor report	Satisfactory educational supervisor report	Satisfactory educational supervisor report

GIM(Acute Medicine) Competencies

<b>Emergency Presentations</b>	Level 2 competent by ST3 RITA (mini-CEX / CbD / ACAT evidence)
<b>Top 20 Presentations</b>	Acquisition of Level 2 Competencies at rate proportional to years that include GIM (Acute)* training, and competent in ALL by the RITA in the final year that has included GIM (Acute) training (mini-CEX / CbD / ACAT evidence)
<b>Other Presentations</b>	Acquisition of Level 2 Competencies at rate proportional to years that include GIM (Acute)* training, and competent in ALL by the RITA in the final year that has included GIM (Acute) training (mini-CEX / CbD / ACAT evidence)
<b>Generic Competencies (Focus areas)</b>	Competent in number of Level 2 Focus Areas proportional to total time of training from ST3 to CCT, and competent in ALL Level 2 Focus Areas by final year RITA (mini-CEX / CbD / ACAT evidence)
<b>ALS</b>	Valid at each RITA
<b>Events giving concern</b>	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety

\* For rotations in which GIM (Acute) training is concentrated into 2 years, then must show competence in ½ presentations in RITA of first year of GIM (Acute) and competent in all by RITA of second year of GIM (Acute). When more than 2 years between ST3 and CCT include training in GIM (Acute), then number of competencies acquired each year are proportional to number of years spent doing GIM (Acute).

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**Clinical Pharmacology & Therapeutics – mini-CEX/ Cbd Discussion areas**

	<b>Dimension</b>	<b>Mapped curriculum objectives</b>
<b>Information gathering</b>		
	Use of electronic/ paper databases	1, 4
	Use of external sources e.g. National Poisons unit	7, 10
	Ability to assess scientific method	4, 5, 7
	Identify sources of bias/ conflicts	4, 8
	Ability to assess published conclusions	4, 3, 9
	Ability to draw own conclusions/ make synthesis	1, 3, 4
<b>Research planning</b>		
	Choose appropriate design	1, 6
	Choose appropriate endpoint	1, 2, 4
	Choose/ consult over method of analysis	5
	Consider safety issues	1, 2
	Write clear protocol inc lay summary	6
	Submissions for ethics and governance	6
<b>Research execution</b>		
	Screen and recruit patients/ volunteers	6
	Obtain valid consent incl information giving	6
	Safe drug administration/ sampling	6
	Accurate measurement & recording of endpoints	1, 6
	Statistical analysis & interpretation	1, 5
	Writing up and communication	1, 6, 8
<b>Drugs and individual patients</b>		
	Construct/ adjust individual dose regimens	2, 8
	Consider individual patient drug factors	2, 3
	Negotiate regimen/ concordance with patient	2
	Plan assessment of therapy	2
	Anticipate & manage ADRs/ overdose	7, 10
	Report ADRs appropriately	7
<b>Drugs and populations</b>		
	Rational criterion based selection of formulary drugs	3
	Develop practical prescribing policies/ guidelines	3
	Evaluate guidelines in D&T context	3
	Prepare submission to D&T committee	3
	Audit drug utilisation	3
	Analyse post-marketing surveillance data	7

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**Clinical Pharmacology & Therapeutics – Directly Observed Practical areas**

	<b>Dimension</b>
<b>Information gathering</b>	
	Journal club presentation
<b>Research planning</b>	
	Presentation to ethics committee
<b>Research execution</b>	
	Obtain valid consent incl information giving
	Safe drug administration/ sampling
	Accurate measurement & recording of endpoints
	Presentation at Scientific meeting
<b>Drugs and populations</b>	
	Presentation to D&T committee