

Gastroenterology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

Core Medical Training

	RITA Month 8	RITA Month 16	RITA Month 23
Emergency Presentations	Some experience of all	Level 1 competent in all	Level 1 competent in all
Top 20 Presentations	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)
Other Presentations	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)
Procedures	Competent in all procedures relevant to specialties experienced so far (DOPS evidence)	Competent in all procedures relevant to specialties experienced so far and Competent in 1/2 of all procedures (DOPS evidence)	Competent in all procedures (DOPS evidence)
Generic Competencies (Focus areas)	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
Examinations	-	Review MRCP (UK) Part I progress	MRCP (UK) Part I
ALS	Valid	Valid	Valid
Minimum number of workplace assessments	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		
Events giving concern	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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Gastroenterology Specialist Training

Blueprint Sections	Assessment	ST3	ST4	ST5	ST6	ST7
	External					
	Examinations	MRCP(UK) Diploma ^a	Specialist Exam ^b			
	ALS Certificate	Valid	Valid	Valid	Valid	Valid
	Workplace Based Assessments					
Upper GI tract Absorption & Nutrition Abdominal pain & symptoms colonic disease Liver	Mini-CEX ^c CBD ^c	5	5	5	5	5
	MSF ^d	Satisfactory		Satisfactory		
	DOPS ^e	2-4	2-4	2-4	2-4	2-4
Endoscopy	Formative –DOPS ^e Summative-DOPS ^e	Formative x 10 in each modality	F-DOPS; S-DOPS	F-DOPS; S-DOPS	F-DOPS; S-DOPS	F-DOPS; S-DOPS
Acute Medicine - Emergency Presentations	mini-CEX / CbD / ACAT evidence	Level 2 competent				
Acute Medicine - Top 20 Presentations	mini-CEX / CbD / ACAT evidence	Acquisition of Level 2 Competencies at rate proportional to years that include GIM (Acute) ^f training, and competent in ALL by the RITA in the final year that has included GIM (Acute) training.				
Acute Medicine - Other Presentations	mini-CEX / CbD / ACAT evidence	Acquisition of Level 2 Competencies at rate proportional to years that include GIM (Acute) ^f training, and competent in ALL by the RITA in the final year that has included GIM (Acute) training.				
Generic Competencies	mini-CEX / CbD / ACAT / PS evidence	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.				

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Notes:

- a) Final MRCP(UK) Diploma must be achieved by end of ST3. If failed, RITA E issued, and ST3 repeated. Must be passed by the end of the repeat ST3 in order to progress.
- b) Specialist Exam: RITA D if failed, must be passed by PYA.
- c) Five assessments in total (mini-CEX; CBD) per year to cover requirements, to be guided by the core outcomes blueprint grid. One assessment in each major domain 1-4, with endoscopic procedures in domain 5 assessed more frequently. Should achieve level 2 in each domain. Progress if 3 or more level 2s – RITA C. If 3 level ones, then RITA D awarded.
- d) MSF should be carried out at end of years 1, 3, and as required. So if there are no concerns, two MSFs over the specialty training would be satisfactory. If there are areas for improvement, there is the option to add in further MSFs as necessary.
- e) Endoscopy: should have a formal formative DOPS x 10 in all procedures being practiced each year (since all procedures will be directly supervised this is easily accomplished). Summative DOPS for JAG accreditation can be taken when appropriate. Other procedures should be assessed by a total of DOPS x 2-4 annually.
- f) 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).