

## Renal Medicine (Nephrology) ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

### Core Training

	RITA Month 8	RITA Month 16	RITA Month 23
<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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### Renal Medicine (Nephrology) Only Specialist Training

Curriculum topics	ST3	ST4	ST5
All Clinical Competencies except Renal Transplantation	Some experience of 75% Competent in at least 25% (mini-CEX/CbD)	Some experience of 90% Competent in at least 70% (mini-CEX/CbD)	Competent in all (satisfactory mini-CEX and CbD)
Renal Transplantation	Some experience of 10% (mini-CEX/CbD)	Some experience of 75% Competent in at least 50% (mini-CEX/CbD)	Competent in all (satisfactory mini-CEX and CbD)
Procedure Based Competency: Insertion of Temporary Haemodialysis Catheters	Competent (DOPS)	Competent (DOPS)	Competent (DOPS)
Procedure Based Competency: Renal biopsy	Some experience (DOPS)	Competent (DOPS)	Competent (DOPS)
Mini-CEX	Minimum of 4 during the year	Minimum of 4 during the year	Minimum of 4 during the year
CbD	Minimum of 4 during the year	Minimum of 4 during the year	Minimum of 4 during the year
DOPS	Minimum of 2 per procedure	Minimum of 2 per procedure	Minimum of 2 per procedure
MSF	Essential	Optional	Essential
Examinations	MRCP(UK) Diploma Failure to achieve this by end of ST3 will result in a mandatory RITA E		Specialist Knowledge Based Examination. Failure to achieve this by end of ST5 will result in a mandatory RITA E
ALS	Valid-essential	Valid-essential	Valid-essential
Structured Educational Supervisor's Report	Satisfactory	Satisfactory	Satisfactory
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		

The indicative training time for Renal Medicine is three years from entry into ST3.

## Renal Medicine (Nephrology) ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

### Renal Medicine (Nephrology) and Level 2 GIM (Acute Medicine) Specialist Training

Curriculum topics	ST3	ST4	ST5	ST6	ST7
<b>Renal Medicine Competencies</b>					
All Clinical Competencies except Renal Transplantation	No experience or competency required (year may be spent entirely in GIM (Acute))	Some experience of 75% Competent in at least 25% (mini-CEX/CbD)	Some experience of 75% Competent in at least 25% (mini-CEX/CbD)	Some experience of 90% Competent in at least 70% (mini-CEX/CbD)	Competent in all (satisfactory mini-CEX and CbD)
Renal Transplantation	No experience or competency required (year may be spent entirely in GIM (Acute))	Some experience of 10% (mini-CEX/CbD)	Some experience of 10% (mini-CEX/CbD)	Some experience of 75% Competent in at least 50% (mini-CEX/CbD)	Competent in all (satisfactory mini-CEX and CbD)
Procedure Based Competency: Insertion of Temporary Haemodialysis Catheters	No experience or competency required (year may be spent entirely in GIM (Acute))	Competent (DOPS)	Competent (DOPS)	Competent (DOPS)	Competent (DOPS)
Procedure Based Competency: Renal biopsy	No experience or competency required (year may be spent entirely in GIM (Acute))	Some experience (DOPS)	Some experience (DOPS)	Competent (DOPS)	Competent (DOPS)
Mini-CEX	Minimum of 4 during the year	Minimum of 4 during the year	Minimum of 4 during the year	Minimum of 4 during the year	Minimum of 4 during the year
CbD	Minimum of 4 during the year	Minimum of 4 during the year	Minimum of 4 during the year	Minimum of 4 during the year	Minimum of 4 during the year
DOPS		Minimum of 2 per procedure	Minimum of 2 per procedure	Minimum of 2 per procedure	Minimum of 2 per procedure
MSF	Essential	Optional	Essential	Optional	Optional
Examinations	MRCP(UK) Diploma Failure to achieve this by end of ST3 will result in a mandatory RITA E				Specialist Knowledge Based Examination. Failure to achieve this by end of ST7 will result in a mandatory RITA E

## Renal Medicine (Nephrology) ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

ALS	Valid-essential	Valid-essential	Valid-essential	Valid-essential	Valid-essential
Structured Educational Supervisor's Report	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory
<b>GIM(Acute Medicine) Competencies:</b>					
Emergency Presentations	Level 2 competent				
Top 20 Presentations	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)				
Other Presentations	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)				
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				

The indicative training time for Renal Medicine and Level 2 GIM (Acute Medicine) is five years from entry into ST3.