

Rheumatology ARCP Decision Aid - minimal standards for ARCP (satisfactory progress) outcome

Core 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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Rheumatology Specialist Training

Assessment	RITA year 3 (End of ST3)	RITA year 4 (End of ST4)	RITA year 5 (End of ST5 = PYA)	RITA year 6 (End of ST6 = CCT)
Expected competence	<p>Trainees should be competent in the initial assessment of patients presenting with a common rheumatological problem.</p> <p>They should be competent in the management of a patient presenting with an acute "hot" joint</p>	<p>Trainees should be competent in the assessment of patients presenting with any of the common rheumatological conditions</p> <p>Trainees should be competent in the assessment and management of all common rheumatological emergencies</p>	<p>Trainees should be autonomously competent in the assessment and management of patients presenting with all common rheumatological</p>	<p>Trainees should be autonomously competent in the assessment and management of patients presenting with all core rheumatological conditions.</p>
MRCP(UK)	Passed			
Rheumatology Exam		Opportunity to pass at this stage	Must have passed for successful PYA	
MSF	satisfactory		satisfactory	
DOPS	Have demonstrated competence by DOPS in 2 core techniques	Have demonstrated competence by DOPS in 3 further core techniques	Have demonstrated competence by DOPS in 3 further core techniques (+/- specialist techniques)	Have demonstrated competence by DOPS in any further specialist techniques
Patient Survey	satisfactory		satisfactory	
Mini-CEX	<p>2 mini-CEX in which the emphasis is on history/exam in common conditions.</p> <p>1 mini-CEX or CBD must be on acute hot joint.</p>	<p>4 mini-CEX where the emphasis is on the assessment and management of patients with common rheumatological conditions</p>	<p>4 mini-CEX on the assessment and management of patients with common conditions and the assessment of patients with more complex rheumatological conditions</p>	<p>4 mini-CEX on the assessment and management of patients with all core rheumatological conditions, with the emphasis on complex conditions</p>
CBD	<p>2 CBD in which the emphasis is on history/exam in common conditions.</p> <p>1 CBD or mini-CEX must be on acute hot joint</p>	<p>4 CBD where the emphasis is on the assessment and management of patients with common rheumatological conditions</p>	<p>4 CBD on the assessment and management of patients with common conditions and the assessment of patients with more complex rheumatological conditions</p>	<p>4 CBDs on the assessment and management of patients with all core rheumatological conditions, with the emphasis on complex conditions</p>

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Assessment	RITA year 3 (End of ST3)	RITA year 4 (End of ST4)	RITA year 5 (End of ST5 = PYA)	RITA year 6 (End of ST6 = CCT)
ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS
AUDIT		Evidence of participation in an audit	Evidence of completion of an audit – with major involvement in design, implementation, analysis and presentation of results and recommendations	Satisfactory portfolio of audit involvement,
Research		Evidence of critical thinking around relevant clinical questions	Evidence of developing research awareness and competence – participation in research studies, critical reviews, presentation at relevant research meetings or participation in (assessed) courses.	Satisfactory academic portfolio with evidence of research awareness and competence. Evidence might include a completed study with presentations/publication, a completed higher degree with research component (e.g. Masters) or, in some cases a research degree (MD or PhD)
Teaching		Evidence of participation in teaching of medical students, junior doctors and other AHPs	Evidence of participation in teaching with results of students' evaluation of that teaching Evidence of understanding of the principles of adult education	Portfolio evidence of ongoing evaluated participation in teaching Evidence of implementation of the principles of adult education
Management		Evidence of participation in, and awareness of, some aspect of management – examples might include responsibility for organising rotas, teaching sessions or journal clubs	Evidence of awareness of managerial structures and functions within the NHS. Such evidence might include attendance at relevant courses, participation in relevant local management meetings with defined responsibilities.	Evidence of understanding of managerial structures e.g. by reflective portfolio entries around relevant NHS management activities.

Where trainees are completing level 2 GIM (Acute) competencies, supervisors will have to adjust the detail of requirements to allow for the extra training time, depending on the structure of individual programmes.

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General Internal Medicine (Acute Medicine) Training where relevant

Emergency Presentations	Level 2 competent by ST3 RITA (mini-CEX / CbD / ACAT evidence)
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)
Generic Competencies (Focus areas)	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)
Minimum No of work place 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

* 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 is proportional to number of years spent doing GIM (Acute).