

Tropical Medicine ARCP Decision Aid – minimal standards for award of RITA C (Satisfactory Progress)

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		

Tropical Medicine ARCP Decision Aid – minimal standards for award of RITA C (Satisfactory Progress)

Tropical Medicine – ST3 onwards

Competency	ST3 RITA	ST4 RITA	ST5 RITA*	ST6 RITA(PYA)	ST7 RITA (CCT)
“Top 20” Infectious Diseases Presentations	Level 1 competency in 50% (Mini Cex or CBD documented in e-portfolio)	Level 2 competency in 75% (Mini Cex or CBD documented in e-portfolio)	No formal assessment during year abroad	Level 3 competency in 50% Level 2 competency in 25% rest (Mini Cex or CBD documented in e-portfolio)	Level 3 competency in 100% (Mini Cex or CBD documented in e-portfolio)
Learning Objectives 1-9	C1 competency in Objective 1 Competencies in 50% learning objectives covered (Mini Cex or CBD documented in e-portfolio)	C2 competency in Objective 1 Competencies in 75% of learning objectives covered (Mini Cex or CBD documented in e-portfolio)		Competencies in 100% of learning objectives attended (Mini Cex or CBD documented in e-portfolio)	Competencies in all learning objectives (Mini Cex or CBD documented in e-portfolio)
Procedures	Competent in all procedures (2) (DOPS)	Competent in all procedures (2) (DOPS)		Competent in all procedures (2) (DOPS)	Competent in all procedures (2) (DOPS)
Examinations	MRCP (UK) Diploma			Specialist Exam DTMH	

* Trainees will spend 1 year working abroad – the exact placing of this year will vary according to trainee and programme so the position in this table is indicative only.

Tropical Medicine ARCP Decision Aid – minimal standards for award of RITA C (Satisfactory Progress)

GIM (Acute) – ST3 onwards

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)
ALS	Valid at each RITA
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 are proportional to number of years spent doing GIM (Acute).