

### 2010 Palliative Medicine ARCP Decision Aid

Assessment	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5 = PYA)	ARCP year 6 (End of ST6 = CCT)
<b>Expected competence</b>	<p>Trainees should have gained experience in the initial assessment and management of patients presenting with common palliative care problems and common palliative care emergencies.</p> <p><b>By the end of year 1, competence must be demonstrated by mini-CEX<sup>(1)</sup>,CbD<sup>(2)</sup> assessments</b></p>	<p>Trainees should be competent in the assessment and management of patients presenting with any of the common palliative care problems</p> <p>Trainees should be competent in the assessment and management of any common palliative care emergencies</p> <p><b>By the end of year 2, competence must be demonstrated by mini- CEX<sup>(1)</sup>, CbD<sup>(2)</sup> assessments</b></p>	<p>Trainees should be autonomously competent in the assessment and management of patients presenting with all common palliative care problems/emergencies</p> <p><b>By the end of year 3, competence must be demonstrated by mini-CEX<sup>(1)</sup>,CbD<sup>(2)</sup> assessments</b></p>	<p>Trainees should be autonomously competent in the assessment and management of patients presenting with all palliative care problems/emergencies</p> <p><b>By the end of year 4, competence must be demonstrated by mini-CEX<sup>(1)</sup>,CbD<sup>(2)</sup> assessments.</b></p>
<b>Palliative Medicine Specialty Certificate Exam</b>			Attempted/passed SCE	Passed SCE to obtain CCT
<b>MSF</b>	1 satisfactorily completed	1 satisfactorily completed	1 satisfactorily completed	1 satisfactorily completed
<b>DOPS</b>	Demonstrated competence in 4 DOPS completed *	Demonstrated competence in 4 DOPS completed *	Demonstrated competence in 4 DOPS completed*	Demonstrated competence in 4 DOPS completed*
<b>mini-CEX<sup>(1)</sup></b>	6 mini-CEX satisfactorily completed	6 mini-CEX satisfactorily completed	4 mini-CEX satisfactorily completed	2 mini-CEX satisfactorily completed
<b>CbD<sup>(2)</sup></b>	4 CbDs satisfactorily completed	4 CbDs satisfactorily completed	4 CbDs satisfactorily completed	4 CbDs satisfactorily completed
<b>BLS</b>	Must have valid BLS	Must have valid BLS	Must have valid BLS	Must have valid BLS

<b>Assessment</b>	<b>ARCP year 3 (End of ST3)</b>	<b>ARCP year 4 (End of ST4)</b>	<b>ARCP year 5 (End of ST5 = PYA)</b>	<b>ARCP year 6 (End of ST6 = CCT)</b>
<b>Audit Assessment , (AA)</b>	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 1 audit assessment satisfactorily completed	Evidence of participation in supervision of a second audit with major involvement in supervising a clinician in the design, implementation, analysis and presentation of results and recommendations	Evidence of satisfactory completion of portfolio/record of audit involvement, 1 audit assessment satisfactorily completed
<b>Teaching Observation (TO)</b>	Evidence of participation in teaching of medical students, junior doctors and other AHPs  1 satisfactorily completed teaching observation	Evidence of participation in teaching of medical students, junior doctors and other AHPs  1 satisfactorily completed teaching observation	Evidence of participation in teaching with results of students' evaluation of teaching Evidence of understanding of the principles of adult education  1 satisfactorily completed teaching observation	Portfolio evidence of ongoing evaluated participation in teaching Evidence of implementation of the principles of adult education  1 satisfactorily completed teaching observation
<b>Minimum number of work place assessments</b>	16	17	14	13
<b>Supportive Evidence</b>				
<b>Research</b>	Evidence of critical thinking around relevant clinical questions	Evidence of satisfactory preparation for a project based on sound research principles	Evidence of developing research awareness and competence:- Evidence might include - participation in research studies, or critical reviews, or presentation at relevant research	Satisfactory academic portfolio/record with evidence of research awareness and competence. Evidence might include a completed research study/guideline/protocol with

<b>Assessment</b>	<b>ARCP year 3 (End of ST3)</b>	<b>ARCP year 4 (End of ST4)</b>	<b>ARCP year 5 (End of ST5 = PYA)</b>	<b>ARCP year 6 (End of ST6 = CCT)</b>
			meetings or participation in (assessed) courses.	presentations/publication Research project educational supervisor report satisfactorily completed
<b>Management</b>	Evidence of participation in, and awareness of, some aspect of management – e.g. responsibility for organising on call rotas, organise and manage own workload effectively and flexibly, supervision of junior medical staff	Evidence of participation in, and awareness of, some aspect of management – examples might include preparing rotas; delegating; organising and leading teams. Organising teaching sessions or journal clubs  Evidence of leading MDT meetings.	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 leading MDT, involvement in induction of junior doctors.	Evidence of understanding of managerial structures e.g. by reflective portfolio entries around relevant NHS and voluntary sector management activities.  Evidence of contribution to senior management meetings, recruitment process, handling of critical incidents
<b>Record of Reflective Practice (RRP)</b>	2 satisfactorily completed RRP	2 satisfactorily completed RRP	2 satisfactorily completed RRP	2 satisfactorily completed RRP
<b>Educational supervisor's report</b>	Satisfactory report(s) covering ST3	Satisfactory report(s) covering ST4	Satisfactory report(s) covering ST5	Satisfactory report(s) covering ST6
<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				

**To ensure appropriate progression through the curriculum, the following assessment areas should be covered at each stage, as a minimum:**

**mini-CEX**<sup>(1)</sup> By the end of ST3 the trainee must have demonstrated competence in at least 50% of areas 1-7 of the top 10 topics listed below. By the end of ST4 the trainee must have demonstrated competence in 100% of topics 1-7. By the end of ST5 the trainee must have demonstrated competence in at least 80% of the top 10 topics. By the end of ST6 the trainee must have demonstrated competence in 100% of the top 10 topics.

**CbD**<sup>(2)</sup> By the end of ST3 the trainee must have demonstrated competence in four of the areas 1-11 of the top 20 topics. By the end of ST4 the trainee must have demonstrated competence in eight topics from 1-11. By the end of ST5 the trainee must have demonstrated competence in twelve of the top 20 topics. By the end of ST6 the trainee must have demonstrated competence in sixteen of the top 20 topics.

**10 top subjects for mini-CEX** (references to the curriculum topics are indexed in red )

1. Communication with patients and families [3.1, 3.2, 3.3, 3.4]
2. Clinical evaluation/examination for symptom management [2.2, 2.3, 2.4, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13]
3. Clinical evaluation of concurrent clinical problems [2.5]
4. Clinical evaluation of emergencies [2.14]
5. Managing family conflict in relation to unrealistic goals [2.20]
6. Assessing the dying patient [2.22]
7. Clinical evaluation and ongoing care of the dying patient [2.22]
8. Prescribing in organ failure [2.18]
9. Evaluation of psychological response of patient & relatives and to illness [4.1, 4.2, 4.3]
10. Evaluating spiritual and religious needs [6.2]

**20 top subjects for CbD** (references to the curriculum topics are indexed in red)

1. Communication with colleagues and between services [1.3, 1.4]
2. Recognition, assessment and management of critical change in patient pathway [2.4]
3. Shared care in different settings [2.4]
4. Management of concurrent clinical problems [2.5]
5. Management of symptoms/clinical problems (including intractable symptoms) [2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13]

6. Symptoms as sensory, psychological and social experience for patients and impact on carers [2.6]
7. Therapeutic options & appropriate choice of treatment/non-treatment [2.6]
8. Opioid use (including opioid switching) [2.7]
9. Other interventions in pain management [2.7]
10. Management of emergencies [2.14]
11. Pharmacology/therapeutics [2.17, 2.18]
12. Psychosocial care [2.22, 4.1]
13. Psychological responses of patients and carers to life-threatening illness and loss [4.2]
14. Self-awareness and insight [5.1]
15. Grief and bereavement [4.5]
16. Patient and family finances [4.6]
17. Culture, ethnicity, religion, spirituality [6.1, 6.2]
18. Ethics [7.1, 7.2]
19. Doctor/patient relationship [7.2, 8.1, 8.2, 8.3]
20. Teamwork & leadership [9.1, 12.2, 12.6]