

2010 Rheumatology ARCP Decision Aid

Assessment / Evidence	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)
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 must demonstrate appropriate professional behaviours throughout</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 must demonstrate appropriate professional behaviours throughout</p>	<p>Trainees should be autonomously competent in the assessment and management of patients presenting with all common rheumatological conditions.</p> <p>Trainees must demonstrate appropriate professional behaviours throughout</p>	<p>Trainees should be autonomously competent in the assessment and management of patients presenting with all core rheumatological conditions – ie, those that are common but also those that a non sub-specialised rheumatologist would expect to see in a typical year’s practice.</p> <p>Trainees must demonstrate appropriate professional behaviours throughout</p>
Rheumatology Specialty Clinical Examination		Opportunity to attempt at this stage	Must have attempted	Must have passed to obtain CCT
MSF	Satisfactory	Satisfactory	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)	Competence should have been demonstrated in the full spectrum of core techniques, covering all types of core injection, but not necessarily every site.
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</p>	4 mini-CEX where the emphasis is on the assessment and management of patients with common rheumatological conditions	4 mini-CEX on the assessment and management of patients with common conditions and the assessment of patients with more	4 mini-CEX on the assessment and management of patients with all core rheumatological conditions, with the emphasis on complex

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	acute hot joint.		complex rheumatological conditions	conditions
CbD	2 CBD in which the emphasis is on history/exam in common conditions. 1 CbD or mini-CEX must be on acute hot joint	4 CbD where the emphasis is on the assessment and management of patients with common rheumatological conditions	4 CbD on the assessment and management of patients with common conditions and the assessment of patients with more complex rheumatological conditions	4 CbDs on the assessment and management of patients with all core rheumatological conditions, with the emphasis on complex conditions
ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS
Audit		Evidence of participation in an audit. Indicative evidence would include an audit proposal, audit report, evidence of involvement in the design and/or implementation of an audit.	Evidence of completion of an audit – with major involvement in design, implementation, analysis and presentation of results and recommendations. Such evidence may be publication or presentation at formal meetings. Evidence may also include audit assessment tool.	Satisfactory portfolio of audit involvement,
Research		Evidence of critical thinking around relevant clinical questions. Such evidence might be via a formal research proposal, formal written work, participation within an existing research group.	Evidence of developing research awareness and competence – participation in research studies, completion of “Good Clinical Practice” module, 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 a research degree (MD or PhD). Trainees should have completed a recognised “Good Clinical Practice” module.
Teaching		Evidence of participation in teaching of medical students, junior doctors	Evidence of participation in teaching with results of students’ evaluation	Portfolio evidence of ongoing

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		and other AHPs	of that teaching and teaching observations Evidence may include teaching observation tool Evidence of understanding of the principles of adult education. Evidence might include attendance at relevant courses, accredited qualifications in medical education	evaluated participation in teaching Evidence of implementation of the principles of adult education Evidence may include teaching observation tool
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.
Structured Educational Supervisor's report	Satisfactory report	Satisfactory report	Satisfactory report	Satisfactory report

The precise interpretation of the ARCP decision aid must take into account the structure of the individual trainee's programme. For example, where trainees are dual training in GIM supervisors will have to adjust the detail of requirements to allow for the extra training time. Similarly, for trainees spending some time out of programme e.g. in research, interpretation of the decision aid is required to take this into account.

* It is recommended that the patient surveys are performed early in year 4 and just prior to PYA in year 5