Core Medical Training (CMT) ARCP Decision Aid – *revised November 2014*

The table that follows includes a column for each training year within core medical training, documenting the targets that have to be achieved for a satisfactory ARCP outcome at the end of each training year. **This document replaces all previous versions from August 2014**. Please see guidance notes below:

- The ePortfolio curriculum record should be used to present evidence in an organised way to enable the educational supervisor and the ARCP panel to determine whether satisfactory progress with training is being made to proceed to the next phase of training.

- Evidence that may be linked to the competencies listed on the ePortfolio curriculum record include supervised learning events (CbD, mini-CEX and ACAT), reflections on clinical cases or events or personal performance, reflection on teaching attended or other learning events undertaken e.g. e learning modules, reflection on significant publications, audit or quality improvement project reports (structured abstracts recommended) and / or assessments, feedback on teaching delivered and examination pass communications. Summaries of clinical activity and teaching attendance should be recorded in the ePortfolio personal library.

- It is recognised that there is a hierarchy of competencies within the curriculum. It is expected that the breadth and depth of evidence presented for the emergency presentations and top presentations will be greater than that for the common competencies and the other important presentations, which should be sampled to a lesser extent.

- Procedures should be assessed using DOPS; initially formative for training then summative DOPS to confirm competence where required. Summative sign off for routine procedures is to be undertaken on one occasion with one assessor to confirm clinical independence. Summative sign off for potentially life threatening procedures should be undertaken on two occasions with two different assessors (one assessor per occasion).

- An educational supervisor report covering the whole training year is required before the ARCP. The ES will receive feedback on a trainee's clinical performance from other clinicians via the multiple consultant report (MCR). Great emphasis is placed on the ES confirming that satisfactory progress in the curriculum is being made compared to the level expected of a trainee at that stage of their training. This report should bring to the attention of the panel events that are causing concern e.g. patient safety issues, professional behaviour issues, poor performance in work-place based assessments, poor MSF report and issues reported by other clinicians. It is expected that serious events would trigger a deanery review even if an ARCP was not due.

- Checklists have been produced to guide trainees and supervisors on the top and other important presentations that are likely to be encountered in specialty placements. These are available on the CMT webpage of the JRCPTB website (www.jrcptb.org.uk).

- Guidance for CMT programme directors, trainees and supervisors is available on the JRCPTB website (www.jrcptb.org.uk).

Core Medical Training ARCP Decision Aid (revised November 2014)- standards for recognising satisfactory progress				
Curriculum domain		**CMT year 1**	**CMT year 2**	**Comments**
Educational Supervisor (ES) report		Satisfactory with no concerns	Satisfactory with no concerns	To cover the whole training year since last ARCP
Multiple Consultant Report (MCR)	Minimum number. Each MCR is completed by one clinical supervisor	4	4	Summary of MCRs and any actions resulting to be recorded in ES report
MRCP (UK)		Part 1 passed [a]	MRCP(UK) passed [b]	
ALS		Valid	Valid	
Supervised Leaning Events (SLEs)	Minimum number of consultant SLEs per year	10 SLEs (ACATs, CbDs and mini CEX) to include a minimum of 4 ACATs	10 SLEs (ACATs, CbDs and mini CEX) to include a minimum of 4 ACATs	SLEs should be performed proportionately throughout each training year by a number of different assessors across the breadth of the curriculum. Structured feedback should be given to aid the trainee's personal development
Multi-source feedback (MSF) [c]		1	1	Replies should be received within a 3 months from a minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical) for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF
Quality Improvement Project		1	1	To be assessed using quality Improvement assessment tool (QIPAT). If a clinical audit is undertaken, quality improvement methodology should be used

Common Competencies		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level is satisfactory for CMT completion (level 2).	Ten of the common competencies do not require linked evidence unless concerns are identified [d] Evidence of engagement with 75% of remaining competencies to be determined by sampling and level achieved recorded in the ES report
Emergency Presentations	Cardio-respiratory arrest	Confirmation by educational supervisor that evidence recorded and level achieved		Evidence of engagement required for all emergency presentations by end of CMT. ACATs, mini-CEXs and CbDs should be used to demonstrate engagement and learning. ES to confirm level achieved for each presentation.
	Shocked patient	Confirmation by educational supervisor that evidence recorded and level achieved		
	Unconscious patient	Confirmation by educational supervisor that evidence recorded and level achieved		
	Anaphylaxis / severe Drug reaction	Confirmation by educational supervisor that evidence recorded and level achieved (after discussion of management if no clinical cases encountered)		
Top Presentations		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level is satisfactory for CMT completion	Evidence of engagement required for all top presentations by end of CMT. Progress to be determined by sampling and level achieved to be recorded in ES report
Other Important Presentations		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level is satisfactory for CMT completion	Evidence of engagement with at least 75% of this area of the curriculum by completion of CMT. Progress to be determined by sampling and level achieved to be recorded in ES report

Procedures	Advanced CPR (including external pacing)	Skills lab training completed or satisfactory supervised practice	Clinically independent	DOPS to be carried out for each procedure. Formative DOPS should be undertaken before doing a summative DOPS and can be undertaken as many times as needed. Summative DOPS should be undertaken as follows: • Summative sign off for routine procedures to be undertaken on one occasion with one assessor to confirm clinical independence (if required) • Summative sign off for potentially life threatening procedures (*marked with an asterisk*) to be undertaken on at least two occasions with two different assessors (one assessor per occasion Foundation procedural skills must be maintained
	Ascitic tap	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Lumbar puncture	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Nasogastric tube placement and checking	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Pleural aspiration for fluid or air	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Central venous cannulation (by internal jugular, subclavian or femoral approach) with U/S guidance where appropriate*		Skills lab training completed or satisfactory supervised practice	
	DC cardioversion		Skills lab training completed or satisfactory supervised practice	
	Intercostal drain insertion using Seldinger technique with ultrasound guidance (excepting pneumothorax where ultrasound guidance is not normally required)*		Skills lab training completed or satisfactory supervised practice	

Clinics			Satisfactory performance in 24 outpatient clinics by completion of CMT	Mini CEX and CbD to be used to give structured feedback. Patient survey is recommended. A record of clinics attended and reflective practice is recommended to document attendance and learning
Overall teaching attendance		Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Teaching attendance requirement should be specified at induction

[a] Failure to achieve MRCP(UK) Part 1 by the end of CT1 should lead to an ARCP 2 outcome if other aspects of training are satisfactory. The JRCPTB would not recommend an ARCP 3 at this time for exam failure alone.

[b] Failure to achieve MRCP(UK) after 24 months in CMT will normally result in an outcome 3 if all other aspects of progress are satisfactory.

[c] Note: Health Education West Midlands use the 360˚Team Assessment of Behaviour (TAB) instead of MSF

[d] The following common competencies will be repeatedly observed and assessed but do not require linked evidence in the ePortfolio:

- History taking
- Clinical examination
- Therapeutics and safe prescribing
- Time management and decision making
- Decision making and clinical reasoning
- Team Working and patient safety
- Managing long term conditions and promoting patient self-care
- Relationships with patients and communication within a consultation
- Communication with colleagues and cooperation
- Personal Behaviour