

CPT ARCP Decision Aid – August 2014

The table that follows includes a column for each training year which documents the targets that have to be achieved for a satisfactory ARCP outcome at the end of the training year. This document replaces previous versions from August 2014.

CPT Curriculum areas	CPT Year 1	CPT Year 2
Assessing CPT literature	Evidence of a basic ability to critically review published literature (1 xPbD)	Evidence of ability to critically analyse published literature and participation in the review process eg. undertaken formal peer review on behalf of a journal. (1 xPbD)
CPT statistical techniques	Evidence of an understanding of basic statistical techniques (1 xPbD)	Evidence of an understanding of advanced statistical techniques, including population statistics (1 xPbD + MSF)
Mechanism of drug action	Evidence of in depth knowledge for common therapeutic drugs, and partial knowledge of the importance of special patient groups Participation in delivery of CPT education (1 xPbD + 1 xCbD)	Evidence of in depth knowledge of therapeutics and special therapeutic groups. Participation in CPT teaching and special group clinics (1 xPbD)
Dosing regimens	Demonstrate a knowledge of basic pharmacokinetics. (1 xPbD + 1 xDOPS)	Demonstrate a knowledge of advanced pharmacokinetics including population pharmacokinetics (1 xPbD + 1 xmini-CEX)
Rational prescribing - individuals	Evidence of rational prescribing skills (1 xCbD + 1 xDOPS)	Evidence of advanced prescribing skills and individualisation of therapy. Delivery of such skills to undergraduates (1 xCbD + 1 xmini-CEX + mini-CEX + AA)
Rational prescribing - populations	Evidence of attendance at Formulary and or Policy /Guideline development committees (1 xPbD)	Participation and contribution to Formulary and or Policy development committees. Some experience of

		National prescribing committees (1 xPbD + MSF)
Drug regulation	Evidence of an understanding of the basic regulations concerning medicine use. (1 xPbD)	Evidence of an in-depth understanding of medicine regulations as they affect all healthcare professionals. Awareness of local and national drug regulatory committees and issues (1 xPbD + 1 xCbD)
Pharmacoepidemiology	Evidence of a basic understanding of pharmacoepidemiology (1 xPbD)	Evidence of understanding advanced pharmacoepidemiological techniques and the role of pharmacoepidemiology in maintenance of health (1 xmini-CEX + MSF)
Adverse drug reactions	Evidence of an understanding of ADRs. Participation in undergraduate teaching (1 xPbD)	Evidence of advanced understanding of and participation in ADR surveillance/ reporting/ monitoring systems (1 xCbD + 1 xmini-CEX + MSF)
Drug errors	Evidence of a basic understanding of the personal and systems causes of drug errors (1 xPbD + 1 xCbD)	Evidence of advanced understanding of errors and an appreciation of error theory. Evidence of participation in drug error monitoring/audit (1 xPbD + 1 xmini-CEX + MSF + AA)
Drug overdose	Evidence of a basic knowledge of common causes of drug overdose and treatments. (1 xCbD + 1 xmini-CEX)	Evidence of participation in the treatment and provision of service for patients suffering from drug overdose. Evidence of advanced understanding of toxicology and overdose (1 xPbD + MSF)
Management and Leadership	Evidence of participation in and awareness of aspects of management relevant to CPT.-e.g. taking part in formulary and policy and guideline committees	Evidence of participation in and awareness of aspects of management relevant to CPT. Evidence of participation, contribution to drug error and/or patient safety committees

CPT Advanced Specialist area modules	Minimum assessments required
Hypertension	100% completed (5 xPbD +1 xDOPS + 1 xmini-CEX + 2xCbD)
Clinical Toxicology	100% completed (5 xPbD +1 xDOPS + 1 xmini-CEX + 2xCbD)
Clinical Trials Research	100% completed (5 xPbD +1 xDOPS + 1 xmini-CEX + 2xCbD)
Research	100% completed (5 xPbD +1 xDOPS + 1 xmini-CEX + 2xCbD)

Educational Supervisors Report	Satisfactory report for each training year
Multiple Consultant Report	4-6 MCR per year ES to include summary and actions resulting in ES report

Supervised learning events (SLEs) should be performed proportionately throughout each training year by a number of different assessors across the breadth of the curriculum, with structured feedback and action plans to aid the trainee's personal development.

Common competencies

Evidence such as reflective logs, courses, teaching and SLEs should be used to demonstrate exploration of these curriculum competencies. 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