Infectious Diseases ARCP Decision Aid – August 2014

The following table sets out the requirements for satisfactory ARCP outcome at the end of each training year. This document replaces previous versions from August 2014.

	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	Trainees should be competent in the initial assessment of patients with common presenting features of infection (objectives 1-4, see Syllabus section 3.3) Evidence of engagement and exploration of the curriculum through supervised learning events (SLEs) mini-CEX / CBD / ACAT documented in e-portfolio	Trainees should be competent in the assessment and management of patients with common presenting features of infection including management of all common infectious emergencies (objectives 1-4, see Syllabus section 3.3) Evidence of engagement and exploration of the curriculum through supervised learning events (SLEs) mini-CEX / CBD / ACAT documented in e-portfolio	Trainees should be autonomously competent in the assessment and management of patients presenting with all core conditions (objectives 1-4, see Syllabus section 3.3) Trainees should have an understanding of the role of the microbiologist and virologist and the importance of microbiological techniques in ID. Trainees should be competent in all aspects of the management of antibiotic use (objectives 5-6, see Syllabus section 3.3) Evidence of engagement and exploration of the curriculum through supervised learning events (SLEs) mini-CEX / CBD / ACAT documented in e-portfolio	Trainees should be autonomously competent in the assessment and management of patients presenting with all core conditions (objectives 1-4, see Syllabus section 3.3) Trainees should have an understanding of the role of the microbiologist and virologist and the importance of microbiological techniques in ID. **Trainees should be autonomously competent in all aspects of the management of antibiotic use (objectives 5-6, see Syllabus section 3.3)** Evidence of engagement and exploration of the curriculum through supervised learning events (SLEs) mini-CEX / CBD / ACAT documented in e-portfolio

	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)
Specialty Certificate Examination		Attempt/pass SCE	Attempt/pass SCE	Must pass SCE to obtain CCT
DTM&H		Recommended but not mandatory for trainees in ID		
MSF	Satisfactory* *1x MSF completed in ST3 or ST4	Satisfactory* *1x MSF completed in ST3 or ST4	Satisfactory* *1x MSF completed in ST5 or ST6	Satisfactory* *1x MSF completed in ST5 or ST6
DOPS	Have demonstrated competence by DOPS in 2 core techniques	Have demonstrated competence by DOPS in all core techniques	Have demonstrated competence by DOPS in all core techniques	Have demonstrated competence by DOPS in all core techniques. May have demonstrated competence by DOPS in any further specialist techniques
PS	Satisfactory* *1x PS completed in ST3 or ST4	Satisfactory* *1x PS completed in ST3 or ST4	Satisfactory* *1x PS completed in ST5 or ST6	Satisfactory* *1x PS completed in ST5 or ST6
SLEs — **mini-CEX**	3 mini-CEX in which the emphasis is on history/exam in common conditions.	4 mini-CEX where the emphasis is on the assessment and management of patients with common conditions	4 mini-CEX on the assessment and management of patients with core conditions, with the emphasis on complex infections	4 mini-CEX on the assessment and management of patients with core conditions, with the emphasis on complex infections
SLEs — **CbD**	3 CbD in which the emphasis is on history/exam in common conditions.	4 CbD where the emphasis is on the assessment and management of patients with common conditions	4 CbD on the assessment and management of patients with core conditions, with the emphasis on complex infections	4 CbDs on the assessment and management of patients with core conditions, with the emphasis on complex infections
Supervised learning events (SLEs) should be carried out proportionally throughout the year by a number of different assessors with structured feedback and action plans to aid trainee's development				

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	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)
ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS
AUDIT		Evidence of participation in an audit (Audit assessment documented in portfolio)	Evidence of completion of an audit – with major involvement in design, implementation, analysis and presentation of results and recommendations (at least 1x Audit assessment documented in portfolio in ST5 or ST6)	Satisfactory portfolio of audit involvement (at least two completed audit projects with evidence of change in practise) (at least 1x Audit assessment documented in portfolio in ST5 or ST6)
Research		Evidence of critical thinking around relevant clinical questions	Evidence of developing research awareness and competence – participation in research studies, critical reviews, presentation at relevant research meetings or participation in (assessed) courses. (objective 7, see Syllabus section 3.3)	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, in some cases a research degree (MD or PhD) (objective 7, see Syllabus section 3.3)
Teaching		Evidence of participation in teaching of medical students, junior doctors and other Health Professionals (Teaching observation assessment documented in portfolio)	Evidence of participation in teaching with results of students' evaluation of that teaching Evidence of understanding of the principles of adult education (at least 1x Teaching observation assessment documented in portfolio in ST5 or ST6)	Portfolio evidence of ongoing evaluated participation in teaching Evidence of implementation of the principles of adult education (at least 1x Teaching observation assessment documented in portfolio in ST5 or ST6)

	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)
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.
Educational Supervisor's Report	Satisfactory – to include summary of MCR and any actions resulting	Satisfactory – to include summary of MCR and any actions resulting	Satisfactory – to include summary of MCR and any actions resulting	Satisfactory – to include summary of MCR and any actions resulting
Multiple Consultant reports	4-6	4-6	4-6	4-6

Where trainees are dual training in GIM, supervisors will have to adjust the detail of requirements to allow for the extra training time, depending on the structure of individual programmes.

Core techniques for Infectious Diseases (some of which may have been signed off in core medical training or ACCS) will include lumbar puncture,, insertion of central venous catheter, chest aspiration, ascitic tap, insertion of urinary catheter in male and female. There should be some experience (e.g. skills lab or in patients) for intercostal chest and ascetic drains and joint aspirations and lymph node aspiration.