Medical Oncology 2017 ARCP Decision Aid – August 2017

The ARCP decision aid documents the targets to be achieved for satisfactory ARCP outcome at the end of each training level for trainees on the 2017 Medical Oncology curriculum. Trainees on the 2010 curriculum should refer to the 2010 ARCP decision aid (please see <u>JRCPTB website</u> for guidance).

- 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 (SLEs) and other work place assessments (WPBAs), personal development plans (PDPs), reflective practice, audit or quality improvement projects, reports, feedback on teaching delivered and examination pass communications.
- A summary of clinical activities and teaching attendance can be recorded using the form available in the assessment section of the ePortfolio. A template is available for recording a logbook of procedures and outpatient clinics but is not mandatory.
- 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) and multi-source feedback report (MSF).
- 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.
- For each site-specific tumour type, trainees should consider all the outcomes outlined in section 1. Professional skills. Progression from one year to the next should be made with awareness of the outcomes in this section that have not been met and these should form the targets for training the following year.
- It is important to consider that these requirements are the minimum and for some trainees the ES or TPD/ARCP panel may recommend that additional assessment is undertaken and documented in the e-portfolio.
- To achieve CCT, ALL outcomes in the curriculum must be met by the end of ST6.

Medical Oncology ARCP Decision Aid 2017

| | ST3 | ST4 | ST5 (=PYA) | ST6 (=CCT) |
|---|--|--|--|--|
| | 2 mini-CEX satisfactorily completed (1 in each 6 month post), to include history taking from a new patient, clinical examination, patient counselling and education | 2 mini-CEX satisfactorily completed (1 in each 6 month post), to include history taking from a new patient, clinical examination, patient counselling and education | 2 mini-CEX satisfactorily completed (1 in each 6 month post), to include history taking from a new patient, clinical examination, patient counselling and education | 2 mini-CEX satisfactorily completed (1 in each 6 month post), to include history taking from a new patient, clinical examination, patient counselling and education |
| Site-Specific Tumour Type | 2 CbD satisfactorily completed (1 in each 6 month post), to include review of presenting features, diagnostic reasoning, planning investigations, interpretation of clinical data and planning treatment or end of life care | 2 CbD satisfactorily completed (1 in each 6 month post), to include review of presenting features, diagnostic reasoning, planning investigations, interpretation of clinical data and planning treatment or end of life care | 2 CbD satisfactorily completed (1 in each 6 month post), to include review of presenting features, diagnostic reasoning, planning investigations, interpretation of clinical data and planning treatment or end of life care | 2 CbD satisfactorily completed (1 in each 6 month post), to include review of presenting features, diagnostic reasoning, planning investigations, interpretation of clinical data and planning treatment or end of life care |
| | The CbD should be for different cases to the mini-CEX | The CbD should be for different cases to the mini-CEX | The CbD should be for different cases to the mini-CEX | The CbD should be for different cases to the mini-CEX |
| Acute Oncology and Supportive Therapies | 1 mini-CEX satisfactorily completed, to include elements of the management of acute toxicity, disease complication, oncological emergency, pain management 1 CbD satisfactorily completed, to include review of presenting | 1 mini-CEX satisfactorily completed, to include elements of the management of acute toxicity, disease complication, oncological emergency, pain management 1 CbD satisfactorily completed, to include review of presenting | 1 mini-CEX satisfactorily completed, to include elements of the management of acute toxicity, disease complication, oncological emergency, pain management 1 CbD satisfactorily completed, to include review of presenting | 1 mini-CEX satisfactorily completed, to include elements of the management of acute toxicity, disease complication, oncological emergency, pain management 1 CbD satisfactorily completed, to include review of presenting |
| | features, diagnostic reasoning, planning investigations, |

| | ST3 | ST4 | ST5 (=PYA) | ST6 (=CCT) |
|--|--|--|--|--|
| | interpretation of clinical data and planning treatment |
| | The CbD should be for a different case to the mini-CEX | The CbD should be for a different case to the mini-CEX | The CbD should be for a different case to the mini-CEX | The CbD should be for a different case to the mini-CEX |
| | 1 mini-CEX satisfactorily completed, to include treatment choice discussion with patient, review of chemotherapy prescription, obtaining consent and review of toxicity and response | 1 mini-CEX satisfactorily completed, to include treatment choice discussion with patient, review of chemotherapy prescription, obtaining consent and review of toxicity and response | 1 mini-CEX satisfactorily completed, to include treatment choice discussion with patient, review of chemotherapy prescription, obtaining consent and review of toxicity and response | 1 mini-CEX satisfactorily completed, to include treatment choice discussion with patient, review of chemotherapy prescription, obtaining consent and review of toxicity and response |
| Systemic Anticancer Therapy Prescribing | 1 CbD satisfactorily completed, to include review of dose alteration for toxicity, age, co- morbidity, system impairment or adverse reaction | 1 CbD satisfactorily completed, to include review of dose alteration for toxicity, age, co- morbidity, system impairment or adverse reaction | 1 CbD satisfactorily completed, to include review of dose alteration for toxicity, age, co- morbidity, system impairment or adverse reaction | 1 CbD satisfactorily completed, to include review of dose alteration for toxicity, age, co- morbidity, system impairment or adverse reaction |
| | The CbD should be for a different case to the mini-CEX | The CbD should be for a different case to the mini-CEX | The CbD should be for a different case to the mini-CEX | The CbD should be for a different case to the mini-CEX |
| | Supervisors report documenting Level 4 competence in chemotherapy prescribing | Supervisors report documenting Level 4 competence in chemotherapy prescribing | Supervisors report documenting Level 4 competence in chemotherapy prescribing | Supervisors report documenting Level 5 competence in chemotherapy prescribing |
| Specialty Certificate Examination | P 0 | 12 -2-2 - 0 | 12 - 2-2 - 0 | Specialty Certificate Examination (SCE) passed in order to obtain CCT |
| MSF | 1 satisfactorily completed with documented discussion in | | 1 satisfactorily completed with documented discussion in | |

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| | educational supervisors report | | educational supervisors report | |
| Patient Survey | | 1 satisfactorily completed | | 1 satisfactorily completed |
| MDT participation | Personal reflections on contributions to MDT meetings, such as; preparation, referral, presenting, educational benefit and inter-professional difficulties | Personal reflections on contributions to MDT meetings, such as; preparation, referral, presenting, educational benefit and inter-professional difficulties | Personal reflections on contributions to MDT meetings, such as; preparation, referral, presenting, educational benefit and inter-professional difficulties | Personal reflections on contributions to MDT meetings, such as; preparation, referral, presenting, educational benefit and inter-professional difficulties |
| Audit / Quality Improvement | 1 audit or quality improvement project satisfactorily completed Personal reflections relating to the audit or QIP such as; design, implementation, analysis, presentation of results and service development or guidelines that could result | 1 audit or quality improvement project satisfactorily completed Personal reflections relating to the audit or QIP such as; design, implementation, analysis, presentation of results and service development or guidelines that could result | 1 audit or quality improvement project satisfactorily completed Personal reflections relating to the audit or QIP such as; design, implementation, analysis, presentation of results and service development or guidelines that could result | 1 audit or quality improvement project satisfactorily completed Personal reflections relating to the audit or QIP such as; design, implementation, analysis, presentation of results and service development or guidelines that could result |
| Teaching observation | from the audit or QIP 1 satisfactorily completed teaching evaluation Personal reflections on teaching such as; content development, delivery of teaching, evaluation or assessment, identifying areas of personal development and future targets | from the audit or QIP 1 satisfactorily completed teaching evaluation Personal reflections on teaching such as; content development, delivery of teaching, evaluation or assessment, identifying areas of personal development and future targets | from the audit or QIP 1 satisfactorily completed teaching evaluation Personal reflections on teaching such as; content development, delivery of teaching, evaluation or assessment, identifying areas of personal development and future targets | from the audit or QIP 1 satisfactorily completed teaching evaluation Personal reflections on teaching such as; content development, delivery of teaching, evaluation or assessment, identifying areas of personal development and future targets |
| Clinical Research, Ethics and | GCP training completed or maintained satisfactorily |

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| Economics | Personal reflections on contribution to clinical research, such as; recruitment, trial management, data analysis, presentation of data or project planning | Personal reflections on contribution to clinical research, such as; recruitment, trial management, data analysis, presentation of data or project planning | Personal reflections on contribution to clinical research, such as; recruitment, trial management, data analysis, presentation of data or project planning | Personal reflections on contribution to clinical research, such as; recruitment, trial management, data analysis, presentation of data or project planning |
| Multiple Consultant reports | 4-6 | 4-6 | 4-6 | 4-6 |
| Educational Supervisor's Report | Satisfactory – to include summary of MCR and any resulting action or targets for future training | Satisfactory – to include summary of MCR and any resulting action or targets for future training | Satisfactory – to include summary of MCR and any resulting action or targets for future training | Satisfactory – to include summary of MCR |
| Medical Leadership, Management and Governance | Personal reflections relating to leadership and management such as; rota management; staff induction, departmental meetings | Personal reflections relating to leadership and management such as; rota management; staff induction, departmental meetings | Personal reflections relating to leadership and management such as; rota management; staff induction, departmental meetings, network meetings, tumour specific group activities, shadowing senior managers, recruitment, involvement in business cases, risk management, governance | Personal reflections relating to leadership and management such as; rota management; staff induction, departmental meetings, network meetings, tumour specific group activities, shadowing senior managers, recruitment, involvement in business cases, risk management, governance Portfolio evidence of completed management training at local level (e.g. Trust or Deanery) |
| Reflections on Practice | Trainees should record personal reflections on issues | Trainees should record personal reflections on issues such as; difficult conversations, | Trainees should record personal reflections on issues such as; difficult conversations, | Trainees should record personal reflections on issues such as; difficult conversations, |

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| such as; difficult conversations, | difficult or complex | difficult or complex | difficult or complex |
| difficult or complex | management decisions, critical | management decisions, critical | management decisions, critical |
| management decisions, critical | incidents or other such matters, | incidents or other such matters, | incidents or other such matters, |
| incidents or other such matters, | and identify the learning points | and identify the learning points | and identify the learning points |
| and identify the learning points | and action points for personal | and action points for personal | and action points for personal |
| and action points for personal development | development | development | development |