Core Medical Training (CMT) ARCP Decision Aid – August 2015

The ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome at the end of each training level. Please see guidance notes below. This document replaces all previous versions from **August 2015**.

- 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 in training is being made to proceed to the next phase of training

- Trainees need to provide evidence to demonstrate they have met the minimum requirements as set out in this decision aid. Trainees should record a rating for the curriculum competencies covered and justification for the rating. Supervisors will then sample approximately 10% of these curriculum competencies (note some competencies must be reviewed and rated as per the decision aid) and record supervisor ratings with explanatory comments. The educational supervisor (ES) should record a rating at group competency level following a review of progress to confirm the level achieved and this will inform the ES report.

- Evidence that can be linked to the competencies should include supervised learning events (CbD, mini-CEX and ACAT) and other workplace based assessments (eg DOPS, MSF), quality improvement project reports and feedback on teaching delivered. Evidence of reflective practice should also be recorded and a new **'after event' reflective practice form** is available in the Reflection section of the ePortfolio with guidance on the JRCPTB website (www.jrcptb.org.uk)

- **A summary of clinical activities and teaching attendance** should be recorded using the new form available on ePortfolio in the Assessment/Audit and Teaching section. A logbook of procedures and outpatient clinics should also be recorded and an Excel template is available on the JRCPTB website (www.jrcptb.org.uk)

- CMT procedures should be assessed using DOPS as detailed in the procedures section of this decision aid. **The requirements for pleural aspiration for air and for fluid have been clarified in light of governance relating to carrying out procedures under ultrasound guidance**.

- An ES 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). 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.

- Specialty placement checklists and a pre-ARCP checklist are available on the JRCPTB website (www.jrcptb.org.uk)

Core Medical Training ARCP Decision Aid (August 2015)				
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	Feedback collated in end of year summary report. Any actions to be recorded in ES report
MRCP (UK)		Part 1 passed [a]	MRCP(UK) passed [b]	Exam results will be uploaded to the ePortfolio automatically
ALS		Valid	Valid	
Supervised Leaning Events (SLEs): ACAT CbD Mini-CEX	Minimum number of consultant SLEs per year	10 To include a minimum of 4 ACATs	10 To include a minimum of 4 ACATs	SLEs should be performed proportionately throughout each training year by a number of different assessors to cover the breadth of the curriculum. Structured feedback should be given to aid the trainee's personal development
Multi-source feedback (MSF) [c]	Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical) for a valid MSF	1	1	Replies should be received within 3 months. MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. 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	Ten do not require linked evidence unless concerns are identified [d]	ES to confirm CT1 level completed and evidence attached for at least 5 competencies	ES to confirm CMT level completed evidence attached for at least 10 competencies	Progress to be determined by sampling trainee's evidence and self-ratings. ES should record a rating at the group competency level and provide justification for this rating in the comments section
Emergency Presentations	Cardio-respiratory arrest	Confirmation by educational supervisor that evidence recorded and CMT level achieved		ACATs, mini-CEXs and CbDs should be used to demonstrate engagement and learning. ES to confirm CMT level completed by the end of CT1 and record outcome in the ES report
	Shocked patient	Confirmation by educational supervisor that evidence recorded and CMT level achieved		
	Unconscious patient	Confirmation by educational supervisor that evidence recorded and CMT level achieved		
	Anaphylaxis / severe Drug reaction	Confirmation by educational supervisor that evidence recorded and CMT level achieved (after discussion of management if no clinical cases encountered)		
Top Presentations		ES to confirm that CT1 level completed and evidence is recorded for at least 11 presentations	ES to confirm CT2 level completed with evidence for all presentations	Progress to be determined by sampling trainee's evidence and self-ratings. ES should record a rating at the group competency level and provide justification for this rating in the comments section
Other Important Presentations		ES to confirm that CT1 level completed and evidence is recorded for at least 15 presentations	ES to confirm CT2 level completed with evidence for at least 30 presentations	Progress to be determined by sampling trainee's evidence and self-ratings. ES should record a rating at the group competency level and provide justification for this rating in the comments section

Essential CMT procedures (Part A – clinical independence essential)	Advanced CPR (incl 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 • 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) if clinical independence required Foundation procedural skills must be maintained A record of procedures should be maintained [e]
	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/checking	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Pleural aspiration for pneumothorax	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Insertion of intercostal drain for pneumothorax	Skills lab training completed or satisfactory supervised practice	Clinically independent	
Essential CMT procedures (Part B – clinical independence desirable)	Central venous cannulation* (by internal jugular, subclavian or femoral approach) with U/S guidance		Skills lab training completed or satisfactory supervised practice (summative DOPS required if clinical independence - with support for U/S guidance - is to be confirmed)	
	Pleural aspiration for fluid with U/S guidance (excepting pneumothorax)		Skills lab training completed or satisfactory supervised practice (summative DOPS required if clinical independence - with support for U/S guidance - is to be confirmed)	
	Intercostal drain insertion using Seldinger technique* with U/S guidance (excepting pneumothorax)		Skills lab training completed or satisfactory supervised practice (summative DOPS required if clinical independence - with support for U/S guidance - is to be confirmed)	
	DC cardioversion		Skills lab training completed as a	

			minimum (summative sign off required for clinical independence is to be confirmed)	
Clinics		Satisfactory performance in 10 outpatient clinics by completion of CT1	Satisfactory performance in 24 outpatient clinics by completion of CMT [f]	Mini CEX / CbD to be used to give structured feedback. Patient survey and reflective practice recommended. Summary of clinical activity recorded on ePortfolio [g]
Overall teaching attendance	To be specified at induction (eg grand rounds, local and regional CMT teaching and simulation training).	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Summary of teaching attendance to be recorded on ePortfolio [g]

[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] Health Education West Midlands use the 360˚Team Assessment of Behaviour (TAB) – please refer to guidance for this tool for requirements

[d] Ten of the common competencies will be repeatedly observed and assessed and it is not be possible to link evidence or rate these competencies in the ePortfolio

[e] Excel template logbook is available on the JRCPTB website (www.jrcptb.org.uk)

[f] JRCPTB quality criteria for CMT include the requirement for trainees to undertake 40 outpatient clinics. During the transitional phase the minimum requirement will remain at 24 clinics by completion of CMT

[g] Summary of clinical activity and teaching attendance form available on the ePortfolio in the Assessment - Audit and Teaching section