

Haematology ARCP decision aid 2021 ST3, ST4 and ST5

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids>

Evidence/requirement	Notes	ST3 (Year 1)	ST4 (Year 2)	ST5 (Year 3)
Educational supervisor (ES) report	An indicative one per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Clinical capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CiP and overall global rating of progression	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs
Multiple consultant report (MCR)	Indicative requirement. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should	2	2	2

	not complete an MCR for their own trainee			
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff	1	1	1
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (Mini-CEX)	Indicative requirement. to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and should be reflected on by the trainee	Minimum of 6 satisfactory To include: 1 safe prescribing 2 based around laboratory tests	Minimum of 6 satisfactory To include: 1 emergency out of hours situation 2 based around laboratory tests 1 consent	Minimum of 6 satisfactory To include: 1 Breaking bad news/ difficult clinical conversation 2 based around laboratory tests
Clinical activity	Active involvement in the care of patients presenting with haematological problems is defined as having sufficient input for the trainee's involvement to be recorded in the patient's clinical notes	Evidence of completion of laboratory induction course Evidence of competency prescribing chemotherapy Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes • Clinical and educational supervisors reports 	Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes • Clinical and educational supervisors reports 	Evidence of transfusion training Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes • Clinical and educational supervisors reports

FRCPath (UK)	Failure to pass full FRCPath by the end of ST7 will result in a non-standard ARCP outcome	-	-	Passed part 1 FRCPath
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)		1 project completed with QIPAT or audit assessment ticket	
Teaching attendance	Indicative requirement of hours per training year to be specified at induction Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery
Practical Procedures** - Bone marrow aspiration and trephine - Administration of intrathecal chemotherapy	Minimum requirements	2 satisfactory DOPS in Bone marrow aspirate and trephine	2 satisfactory DOPS – competent in bone marrow aspiration and trephine 2 satisfactory DOPS – competent in administration of intrathecal chemotherapy*	Maintain competency

*DOPS to show competency in intrathecal chemotherapy by the end of ST4 can have been done during ST3 or ST4.

**Failure to become independent performing these procedures at ST4 will not be a barrier to progression, but will result in additional targeted training being required with a view to the trainee becoming independent in these procedures by the end of ST5.

Haematology ARCP decision aid ST6 and ST7

Evidence/requirement	Notes	ST6 (Year 4)	ST7 (Year 5)
Educational supervisor (ES) report	One per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Clinical capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each individual CiP and overall global rating of progression	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs
Multiple consultant report (MCR)	Indicative requirement. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee	2	2
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff	1	1
Patient Survey	Minimum of 20 patients selected consecutively from outpatient clinic, ward round or day unit		1

Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (Mini-CEX)	Indicative requirement to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and should be reflected on by the trainee	Minimum 6 satisfactory To include: 2 based around laboratory tests 1 emergency out of hours situation	Minimum 6 satisfactory To include: 2 based around laboratory tests
Clinical activity	Active involvement in the care of patients presenting with haematological problems is defined as having sufficient input for the trainee's involvement to be recorded in the patient's clinical notes	Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes • Clinical and educational supervisors reports 	Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes • Clinical and educational supervisors reports
FRCPATH (UK)	Failure to pass full FRCPATH by the end of ST7 will result in a non-standard ARCP outcome	-	Passed FRCPATH part 2 (UK)
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)		1 project (different to ST4) completed with QIPAT or audit assessment ticket
Teaching attendance	Indicative requirement of hours per training year to be specified at induction Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery

Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year.

Procedure	ST3	ST4	ST5	ST6	ST7
Minimum level required					
Bone marrow aspirate and trephine	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Administration of Intrathecal chemotherapy	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	Maintain	Maintain

Levels to be achieved by the end of each training year and at critical progression points for specialty CiPs

Table 1: Outline grid of minimum levels expected for Haematology specialty CiPs by year of training

Level descriptors

Level 1: Entrusted to observe only – no clinical care

Level 2: Entrusted to act with direct supervision

Level 3: Entrusted to act with indirect supervision

Level 4: Entrusted to act unsupervised

Specialty CiP	Specialty training					CCT
	ST3	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
Laboratory Haematology: Providing a comprehensive haematology laboratory service, including investigation, reporting and blood transfusion	2	3	3	3	4	
Liaison Haematology: Providing safe clinical advice to colleagues on interpretation of haematology laboratory results, blood transfusion practice and haematological disorders	2	3	3	3	4	
Outpatient Haematology: Managing patients with suspected or known haematological disorders in the outpatient setting	2	2	3	3	4	
Day Unit Haematology: Managing patient in an ambulatory/day unit environment including specialist haematological treatments	2	3	3	3	4	
Inpatient Haematology: Providing continuity of care to inpatients with haematological conditions	2	3	3	3	4	

Haematological Emergencies:Managing acute haematological emergencies in all environments	3	3	3	4	4	
Managing end of life and palliative care skills	3	3	3	4	4	