JRCPTB

Joint Royal Colleges of Physicians Training Board

Respiratory Medicine 2022 ARCP Decision Aid 2022

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. All numbers are indicative for guidance and the ARCP panel should make a holistic assessment of the trainee's progress. The training requirements for Internal Medicine (IMS2) are set out in the IMS2 ARCP decision aid . The ARCP decision aids are available on the JRCPTB website https://www.jrcptb.org.uk/training-certification/arcp-decision-aids

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
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	Confirms meeting or exceeding expectations and no concerns	Confirms will meet all requirements needed to complete training
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	ES to confirm trainee meets expectations for completion of training
Specialty 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 CiP	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm level 4 in all CiPs by end of training
Multiple consultant report (MCR)	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	4-6	4-6	4-6	4-6

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical). 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	1	1	1	1
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	Minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. Each ACAT must include a minimum of 5 cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team). It is not for comment on the management of individual cases	6	6	6	6

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	Minimum number 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 reflected on by the trainee	6 x CbD or mini-CEX	6 x CbD or mini-CEX	6 x CbD or mini-CEX	6 x CbD or mini-CEX
Direct Observation of Procedural Skills (DOPS)	DOPS should be used to obtain feedback on procedural competence. Summative DOPS required to demonstrate competence to perform unsupervised where required. See table of procedures below.				
Specialty Certificate Examination (SCE)	It is recommended that the SCE is attempted by end of ST6				Passed
Advanced life support (ALS)		Valid	Valid	Valid	Valid
Patient Survey (PS)		1 satisfactory in ST4-ST5		1 satisfactory in ST6-ST7	
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	Participation in quality improvement project or audit	Participation in quality improvement project or audit	Completion of quality improvement project with satisfactory QIPAT	Portfolio of quality improvement / audit involvement
Teaching	To be assessed with Teaching Observation (TO)	Evidence of involvement in teaching including evaluation	Evidence of involvement in teaching including evaluation	Evidence of involvement in teaching including evaluation	Evidence of involvement in teaching including evaluation

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Management					Evidence of management capability (eg completion of a management course)

Practical procedural skills

Mandatory procedures

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. Competence to perform unsupervised to be evidenced by summative DOPS.

When a trainee has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct).

Procedure	ST4	ST5	ST6	ST7
Safe sedation	Able to perform with supervision	Able to perform with supervision	Competent to perform unsupervised	Maintain
Lung function testing	Skills lab or satisfactory supervised practice	Competent to perform unsupervised	Maintain	Maintain
Sleep studies	Skills lab or satisfactory supervised practice	Able to perform with supervision	Competent to perform unsupervised	Maintain
Non-invasive ventilation and CPAP	Able to perform with supervision	Competent to perform unsupervised	Maintain	Maintain

Procedure	ST4	ST5	ST6	ST7
Bronchoscopy	Skills lab or satisfactory supervised practice	Able to perform with supervision	Able to perform with supervision	Competent to perform unsupervised
Focused Pleural Ultrasound (see BTS Thoracic Ultrasound document)[1]	Skills lab or satisfactory supervised practice	Competent to perform unsupervised	Maintain	Maintain
Pleural aspiration	Competent to perform unsupervised	Maintain	Maintain	Maintain
Intercostal tube placement and "medical" pleurodesis	Able to perform with supervision	Competent to perform unsupervised	Maintain	Maintain
Indwelling pleural catheter	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice	Skills lab or satisfactory supervised practice

Other procedures

Trainees are not required to gain practical skills in performing the following procedures, but they should have knowledge of the indications and an understanding of the theoretical basis and principles. Some trainees may gain practical experience in these procedures in keeping with the need for developing special interests in accordance with employment opportunities.

Procedure	Level of skill/knowledge
Thoracic surgical procedures	Have knowledge of thoracic surgery Have seen some thoracic surgical procedures Be competent in the assessment of patient fitness for thoracic surgery Have knowledge of the short and long term complications of thoracic surgery Have experience of MDT working
Thoracoscopy	Have knowledge of the procedure of local anaesthetic ("medical") thoracoscopy. Some trainees may have some experience of the procedure. Neither experience nor competence is a mandatory requirement.

[1] https://bmjopenrespres.bmj.com/content/7/1/e000552

Skin test to demonstrate Allergy	Understand the role of (experience), and be able to interpret (competence), skin tests for allergy Trainees are not expected to be competent in performing allergy skin tests, only to have knowledge and experience of them and to be able to interpret them
Tuberculin Skin Test	Understand the role of (experience), and be able to interpret (competence), tuberculin skin tests. Trainees are not expected to be competent in performing tuberculin skin tests, only to have knowledge and experience of them and to be able to interpret them
Fine needle aspiration of Peripheral Lymph Node	Have knowledge of the role and technique of lymph node FNA. Some trainees may have experience of the procedure. Some trainees may wish to become competent (optional)
Cardiopulmonary Exercise Testing	Have knowledge of the principles and theoretical basis. Some trainees may gain practical experience in the procedure (optional)
Endobronchial Ultrasound guided transbronchial needle aspiration (EBUS-TBNA)	Have knowledge of the indications and technique of EBUS-TBNA and be able to decide when other diagnostic tests are preferable. Some trainees may have experience of the procedure. Some trainees may wish to become competent (optional)

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Outline grid of levels expected for Respiratory Medicine specialty capabilities in practice (CiPs)

Levels to be achieved by the end of each training year for specialty CiPs

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	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
1. Managing all aspects of thoracic malignancy and advanced or terminal respiratory disease including diagnostic pathways and working with the MDT	2	3	4	4	
2. Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease	2	3	4	4	
3. Managing complex and unusual respiratory infection including contact tracing and public health (in particular atypical pneumonia)	2	3	4	4	
4. Managing the service and patients with respiratory failure in multiple settings including hospital and in the community	2	3	3	4	
5. Tertiary subspecialties interface: managing patients across the secondary and tertiary interface; in particular patients with lung and heart transplants and pulmonary hypertension	2	2	3	4	
6. Managing the use of drugs and therapeutic modalities specific to the practice of respiratory medicine	2	3	3	4	