Core Medical Training (CMT) ARCP Decision Aid – REVISED SEPTEMBER 2015

The ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome at the end of each training level. Trainees need to provide evidence to demonstrate they have met the minimum requirements as set out in this decision aid. Please see guidance notes below. *This document replaces all previous versions from **September 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.

- Evidence should include supervised learning events (SLEs) - CbDs, mini-CEXs and ACATs, other workplace based assessments (WPBAs), eg MSF, quality improvement projects 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.

- A **summary of clinical activities and teaching attendance** should be recorded using the new form available in the Audit and Teaching assessment tab on the ePortfolio. A logbook of procedures and outpatient clinics should also be recorded and a template is available on the JRCPTB website.

- CMT procedures should be assessed using DOPS as detailed in the procedures section of this decision aid. **The requirements for pleural aspiration and chest drains have been clarified, particularly in relation to support needed for ultrasound guidance**. Please note: Trainees should continue to record DOPS evidence for CMT procedures against the current list in the ePortfolio. We will ensure that the list is updated without losing existing links.

- Trainees should record a rating for the curriculum competencies covered and justification for their self-rating. Supervisors should **sample approximately 10%** of these competencies and record their supervisor ratings with explanatory comments for each one sampled (additional evidence and/or sampling may be required if there are concerns). In addition, the educational supervisor (ES) should record ratings at **group competency level** (eg other important presentations) as indicated in the ARCP decision aid. This will normally be done as part of the review of the ePortfolio in order to complete the ES report.

- Sampling will not apply to emergency presentations as the supervisor must check that evidence is recorded and CMT level has been achieved for **all emergency presentations** by the end of CT1.

- 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, a pre-ARCP checklist and guidance on assessment methods are available on the JRCPTB website.

Core Medical Training ARCP Decision Aid (SEPTEMBER 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	Quality improvement project plan and report to be completed. To be assess using the quality improvement project tool (QIPAT)

Curriculum domain		CMT year 1	CMT year 2	Comments
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

Category	Procedure	CMT year 1	CMT year 2	Comments
Essential CMT procedures Part A: clinical independence essential	Advanced CPR (may include external pacing) – (R)	Skills lab training completed or satisfactory supervised practice	Clinically independent [e]	DOPS to be carried out for each procedure. Formative DOPS should be undertaken before summative DOPS and can be undertaken as many times as needed. Summative DOPS sign off for routine procedures *(R)* to be undertaken on one occasion with one assessor Summative DOPS sign off for potentially life threatening procedures (*PLT*) 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 [f]
	Ascitic tap – (R)	Skills lab training completed or satisfactory supervised practice	Clinically independent [e]	
	Lumbar puncture – (R)	Skills lab training completed or satisfactory supervised practice	Clinically independent [e]	
	Nasogastric tube placement/checking – (R)	Skills lab training completed or satisfactory supervised practice	Clinically independent [e]	
	Pleural aspiration for pneumothorax **or** pleural fluid (with support for ultrasound (U/S) guidance being provided by another trained professional) – (PLT)	Skills lab training completed or satisfactory supervised practice	Clinically independent (with support for U/S guidance being provided by another trained professional) [e]	
Essential CMT procedures Part B: clinical independence desirable	Central venous cannulation by internal jugular, subclavian or femoral approach, with support for U/S guidance being provided by another trained professional - (PLT)		Skills lab training completed or satisfactory supervised practice. Two summative DOPS are required for clinical independence [e] (with support for U/S guidance being provided by another trained professional)	
	Intercostal drain insertion for pneumothorax **or** pleural fluid, with support for U/S guidance being provided by another trained professional - (PLT)		Skills lab training completed or satisfactory supervised practice. Two summative DOPS are required for clinical independence [e] (with support for U/S guidance being provided by another trained professional)	
	DC cardioversion – (R)		Skills lab training completed as a minimum. Summative DOPS required for clinical independence [e]	

Clinics		Satisfactory performance in 10 outpatient clinics by completion of CT1[g]	Satisfactory performance in 24 outpatient clinics by completion of CMT [g]	Mini CEX / CbD to be used to give structured feedback. Patient survey and reflective practice recommended. Summary of clinical activity recorded on ePortfolio
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 (Audit and Teaching section)

Footnotes

[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
[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 Team Assessment of Behaviour (TAB) as a multisource feedback tool. West Midlands trainees should refer to local guidance for requirements
[d]	Ten of the common competencies will be repeatedly observed and assessed and do not require linked evidence or rating in the ePortfolio (please refer to recommendations for specialty trainee assessment and review for further information)
[e]	Clinically independent is defined as competent to perform the procedure unsupervised and deal with complications. Support for ultrasound guidance is required from another trained professional where indicated. Two summative DOPS by two different assessors are required for life threatening procedures
[f]	Excel template logbook is available on the JRCPTB website (www.jrcptb.org.uk)
[g]	JRCPTB quality criteria for CMT include the requirement for trainees to undertake 40 outpatient clinics and all trusts and health boards having at least met the specified 'core' criteria by the end of 2016. Trainees should aim to attend 40 clinics over two years where the facility to do so is available.