

## ARCP Requirements – Core Medical Training Year 2

To progress satisfactorily (i.e. to achieve an outcome 6), each trainee needs:

1. A satisfactory end of year Educational Supervisor report
2. To have passed PACES
3. To have attended at least 40 clinics over the 2 year period (clearly label in the logbook either as a numbered reflection in the reflective part of the portfolio or as an uploaded summary of clinic activity that is easy to locate in the portfolio)

4. To have satisfied the following procedural requirements:

(Nb All Summative DOPS must have “cs” for “competent unsupervised and to deal with all complications” excepting for pleural aspiration where b or c is allowed in the domain for “technical ability” if the sole reason for this score is rated as the need for assistance with ultrasound)

- (i) Essential procedures part A
  - a. Advanced CPR – any “competent” participation in a real-life cardiac arrest – 1 summative DOPS
  - b. Ascitic tap – 1 summative DOPS
  - c. LP – 1 summative DOPS
  - d. NG tube insertion and checking – 1 summative DOPS
  - e. Pleural aspiration (but support for USS allowed) – 2 summative DOPS with 2 different assessors but see note above

- (ii) Essential Procedures part B

Skills lab certificate or satisfactory supervised practice (formative DOPS) is acceptable. Trainees should aim to aspire to summative DOPS but not essential.

- a. Central venous cannulation (support with ultrasound allowed)
- b. DC cardioversion
- c. Intercostal drain insertion (support for ultrasound allowed)

5. To complete a MSF and a MCR

A valid MSF must have at least 3 consultant responses, a mix of medical and allied staff and be complete within 3 months of sending the tickets.

The MCR should not include the ES and can be spread throughout the year.

6. At least 10 **consultant-led** SLEs/WBPA including at least 4 **consultant-led** ACATs per year

7. To have the 4 remaining areas of their curriculum ratified by their ES

- (i) Common competencies

- Trainee to link evidence for at least 10
  - Trainee to ratify at the group level only (i.e. at the top)
  - ES to ratify at the group level only preferably with comments
- (ii) Top presentations
- Trainee to link evidence for all 22
  - Trainee to ratify at group level
  - ES to ratify at group level
- (iii) Other important presentations
- Trainee to link evidence for at least 30 out of 39
  - Trainee to ratify at group level
  - ES to ratify at group level
- (iv) Essential CMT procedures (3 ticks – see section 4 above)
- Part A
    - Trainee to evidence 1<sup>st</sup> 4 with 1 summative DOPS
    - Trainee to evidence pleural tap with 2 summative DOPS
    - Trainee to ratify at group level
    - ES to ratify at group level
  - Part B
    - Skills lab or supervised practice (any DOPS) at a minimum
    - Trainee to ratify at group level
    - ES to ratify at group level
  - Part C
    - Optional section – no targets required

**Only 6 ticks each (by the trainee and ES) are needed here!**

#### 8. Quality Improvement Projects (QIPs)

A Quality Improvement Project (QIP) plan, report and QIP assessment tool (QIPAT) should be evidenced within the portfolio.

#### 9. Others

Valid ALS cert uploaded into portfolio

Evidence of teaching attendance and ideally of teaching given with feedback

All trainees must complete a Form R prior to attending ARCP

Any complaints or serious incidents must be addressed on the Form R with a dated reflection in the portfolio