5.5. Core Medical Training (CMT) ARCP Decision Aid for Iceland

Core Medical Training (CMT) ARCP Decision Aid for Iceland - October 2017

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 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 DPOS, 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 selection. 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 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.
- Speciality placement checklists and a pre-ARCP checklist are available on the JRCTB website (www.jrcptb.org.uk)

Core Medical Training ARCP Decision Aid, Iceland July 2015 – standards for recognizing satisfactory progress					
Curriculum domain		**CMT year 1**	**CMT year 2**	**CMT year 3**	**Comments**
Educational Supervisor (ES)		Satisfactory with no concerns	Satisfactory with no concerns	Satisfactory with no concerns	To cover the whole training year since last
Multiple Consultant Report (MCR)	Minimum number: Each MCR is completed by one clinical supervisor	4	4	4	Summary of MCRs and any actions result to be recorded in ES report
MRCP (UK)		Part 1 passed[a]	Part 2 passed[b]	MRCP(UK) passed[c]	A minimum of Part 1 passed needed to progress to year 3
ALS		Valid	Valid	Valid	
Supervised Learning Events (SLEs): ACAT	Minimum number of consultant SLEs per year:	10 SLEs to include a minimum of 4 ACATs	10 SLEs to include a minimum of 4 ACATs	10 SLEs to include a minimum of 4 ACATs	SLEs should be performed proportionately throughout each training year by a number of different assessors across the breadth of the curriculum.
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical) for a valid MSF	1	1	1	Replies should be received within 3 months (ideally within the same placement). MSF report must be released by the ES and feedback discussed with the trainee before ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF.
Quality Improvement Project			1[d]	1[d]	To be assessed using quality improvement assessment tool (QIPAT). If a clinical audit is undertaken, quality improvement methodology should be used.
Research Project[e]		1	1	1	Every trainee is expected to participate in a scientific research project and adhere to an agreed research plan and guidance regarding presentation of results.

Core Medical Training ARCP Decision Aid, Iceland July 2015 – standards for recognizing satisfactory progress					
Curriculum domain		**CMT year 1**	**CMT year 2**	**CMT year 3**	**Comments**
Common Competencies		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level is satisfactory for CMT completion(level 2)	Ten of the common competencies do not require linked evidence unless concerns are identified[f] Evidence of engagement with 75% of remaining competencies to be determined by sampling and level achieved recorded in the ES report.
Emergency Presentations	Cardio-respiratory arrest	Confirmation by educational supervisor that evidence recorded and level achieved			Evidence of engagement required for all emergency presentations by end of CMT. ACATs, mini-CEXs and DbCs should be used to demonstrate engagement and learning. Evidence from skills lab/simulation training is sufficient for CMT1 but not for CMT2 or CMT3. Educational Supervisor to confirm level achieved for each presentation.
	Shocked patient	Confirmation by educational supervisor that evidence recorded and level achieved			
	Unconscious patient	Confirmation by educational supervisor that evidence recorded and level achieved			
	Anaphylaxis/ severe drug reaction	Confirmation by educational supervisor that evidence recorded and level achieved (after discussion of management if no clinical cases encountered)			
Top Presentations		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level is satisfactory for CMT completion	Evidence of engagement required for all top presentations by end of CMT. Progress to be determined by sampling and level achieved to be recorded in ES report
Other Important Presentations		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level is satisfactory for CMT completion	Evidence of engagement with at least 75% of this area of the curriculum by completion of CMT. Progress to be determined by sampling and level achieved to be recorded in ES report.

Core Medical Training ARCP Decision Aid, Iceland July 2015 – standards for recognizing satisfactory progress					
Curriculum domain		**CMT year 1**	**CMT year 2**	**CMT year 3**	**Comments**
Essential CMT procedures (Part A – clinical indepen-dence essential)	Advanced CPR (including external pacing)	Skills lab training completed or satisfactory supervised practice	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 (acquired during kandídatsár) A record of procedures should be maintained[g]
	Ascitic tap				
	Lumbar puncture				
	Nasogastric tube placement and checking				
	Pleural aspiration for fluid or air				
	Insertion of intercostals drain for pneumothorax				
Essential CMT procedures (Part B – clinical indepen-dence desirable)	Central venous cannulation (by internal jugular, subclavian, femoral approach) with U/S guidance where appropriate*			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				
	DC cardioversion	Skills lab training completed or satisfactory	Skills lab training completed or satisfactory	Clinically independent (summative sign off required)	

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Curriculum domain	**CMT year 1**	**CMT year 2**	**CMT year 3**	**Comments**
Clinics	Minimal 20[h] Outpatient clinics per year	Minimal 20[h] Outpatient clinics per year	Minimal 20[h] Outpatient clinics per year	Mini-CEX and CbD to be used to give structured feedback. Patient survey and reflective practice is recommended. Summary of clinical activity recorded on ePortfolio[i]
Overall teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Teaching attendance requirements should be specified at induction. At Landspítali 70% attendance is required.

[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) Part 1 by the end of CT2 should lead to an ARCP 3 outcome even if other aspects of training are satisfactory. Failure til achieve MRCP(UK) Part 2 by the end of CT2 should lead to an ARCP 2 outcome. The JRCPTB would not recommend an ARCP 3 at this time for Part 2 written exam failure alone.

[c] Failure to achieve MRCP(UK) after 36 months in CMT will normally result in an outcome 3 if all other aspects of progress are satisfactory.

[d] A minimum of 1 quality improvement projects/clinical audits should be undertaken during CMT, with a minimum of 1 completed after CT2. Trainee may choose to undertake a quality improvement project instead of a research project but then they must show evidence of active engangement throughout all three years of CMT training. All quality improvement projects should be presented at the annual showcase event.

[e] At the start of CMT1 trainees and their supervisor should agree on a structured research plan for the duration of the CMT training. Sufficient progress should include at least one local, regional, or international presentation per year. Progression according to the presentation- and research plan should lead to an ARCP outcome 1, 2 or 6. Evidence of research plan and progress should be readily available in the ePortfolio (personal library) for review by the ARCP panel

[f] The following common competencies will be repeatedly observed and assessed but do not require linked evidence in the ePortfolio:

History taking	Clinical examination
Therapeutics and safe prescribing	Time management and decision making
Decision making and clinical reasoning	Team working and patient safety
Managing long term conditions and promoting patient self-care	Relationships with patients and communication within a consultation
Communigation with colleagues and cooperation	Personal behavior

[g]Excell template logbook is available on the JRCPTB website (www.jrcptd.org.uk)

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

[h]A total of 20 outpatient clinics is recommended every year. Due to different activities on different posts, this may be difficult to achieve every year. As long as trainee completes 60 outpatient clinics by the end of CMT3, variation should not lead to oa non-standard ARCP outcome. A clinic is defined as minimun of 4 patients, seen and discussed under appropriate supervision.