

CMT ARCP Decision Aid

The table that follows includes a column for each training year which documents the targets that have to be achieved for a Satisfactory ARCP outcome at the end of the training year.

The e portfolio 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 with training is being made to proceed to the next phase of training. Evidence that may be linked to the competencies listed on the e portfolio curriculum record include workplace-based assessments, reflections on clinical cases or events or personal performance, reflection on teaching attended or other learning events undertaken e.g. e learning modules, reflection on significant publications, audit or quality improvement project reports (structured abstracts recommended) and / or assessments, feedback on teaching delivered and examination pass communications. Summaries of clinical activity and teaching attendance should be recorded in the logbook facility in the e portfolio

It is recognised that there is a hierarchy of competencies within the curriculum. It is expected that the breadth and depth of evidence presented for the emergency presentations, top symptom presentations and procedures will be greater than that for the common competencies and the other important presentations which may be sampled to a lesser extent ie work place assessment evidence is not required for all of these competencies. However, there must be evidence of engagement with that section of the curriculum.

One or more educational supervisor reports covering the whole training year is required before the ARCP. Great emphasis is placed on the educational supervisor confirming that satisfactory progress in the curriculum is being made compared to the level expected of a trainee at that stage of their training. 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, issues reported by other clinicians. It is expected that serious events would trigger a deanery review even if an ARCP was not due.

The Interim Review stage no longer features on the Decision Aid, because it is not required as part of the ARCP. However, it is very strongly recommended that an Interim Review takes place 3 – 4 months (or at other times as determined locally) before the ARCP, and recorded on the appropriate form. Progress should be assessed pro-rata, and appropriate advice given if progress does not appear to be adequate. Further Interim reviews can be undertaken as necessary if progress is not being made.

Core Medical Training ARCP Decision Aid - standards for recognising satisfactory progress

Curriculum domain		CMT year 1	CMT year 2	Comments
Educational Supervisor report(s)		Satisfactory with no concerns	Satisfactory with no concerns	To cover the whole training year since last ARCP
MRCP (UK)		Part 1 passed Outcome 2 if not passed**	MRCP(UK) passed***	
ALS		Valid	Valid	
Workplace Based Assessments (WPBAs)	WPBAs should be performed proportionately throughout each training year and performed by a number of different assessors It is expected that a range of assessments will be used and structured feedback given to aid the trainee's personal development.			
	Minimum number of Consultant WPBAs per year	10 (with at least 4 ACATs)	10 (with at least 4 ACATs)	
	MSF	1	1	Replies should be received within a 3 month time window from a minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non medical) for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF(s)
Quality Improvement Project or Audit		1	1	Ideally a Quality Improvement assessment (QIPAT) or Audit assessment should be performed
Common Competencies		Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that level of performance in this area of the curriculum is satisfactory for CMT completion i.e. level 2.	The ARCP panel will expect to see evidence of engagement with this section of the curriculum
Emergency Presentations	Cardio-respiratory arrest	Signed off with supporting evidence of performance		It is expected that ACATs, mini-CEXs and CbDs will be used to assess workplace performance of these competencies
	Shocked patient	Signed off with supporting evidence of performance		
	Unconscious patient	Signed off with supporting evidence of performance		

	Anaphylaxis / severe Drug reaction	Signed by educational supervisor after a satisfactory assessment of clinical performance or after discussion of management if no clinical cases encountered		
Top Presentations		Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Each individually signed off with supporting evidence of performance	
Other Important Presentations		Confirmation by educational supervisor that satisfactory progress is being made in this area of the curriculum	Confirmation by educational supervisor that level of performance in this area is satisfactory for CMT completion	The ARCP panel will expect to see evidence of engagement with at least 75% of this section of the curriculum by the completion of CMT
Procedures	Advanced CPR (including external pacing)	Skills lab training completed or satisfactory supervised practice	Clinically independent	Foundation procedural skills must be maintained Procedures should be evidenced by DOPS (initially training / formative and then assessment / summative to confirm competence where required). DOPS to be repeated until clinical independence (where required) is confirmed by assessor *For potentially life-threatening procedures, at least 2 DOPS confirming competence are required from different assessors
	Ascitic tap	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Lumbar puncture	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Nasogastric tube placement and checking	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Pleural aspiration for fluid or air	Skills lab training completed or satisfactory supervised practice	Clinically independent	
	Central venous cannulation (by internal jugular, subclavian or femoral approach) with U/S guidance where appropriate *		Skills lab training completed or satisfactory supervised practice	
	DC cardioversion		Skills lab training completed or satisfactory supervised practice	

	Intercostal drain insertion using Seldinger technique with ultrasound guidance (excepting pneumothorax where ultrasound guidance is not normally required) *		Skills lab training completed or satisfactory supervised practice	
Clinics (or equivalents)			Satisfactory performance in 24 clinics by completion of CMT	It is expected that performance in outpatients will be assessed using Mini CEX and Cbd. Reflective practice and patient survey are also recommended for use in outpatients
Overall teaching attendance		Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	The requirements to attend teaching attendance should be specified on commencement of training

** Failure to achieve MRCP(UK) Part 1 by the end of CT1 should lead to an ARCP 2 outcome at the month 11 ARCP even if other aspects of training are satisfactory. The JRCPTB would not recommend an ARCP 3 at this time for exam failure alone.

***Failure to achieve MRCP(UK) after 24 months in CMT will probably result in an outcome 3 if all other aspects of progress are satisfactory.