Geriatric Medicine ARCP Decision Aid – revised October 2016

The table below sets out the targets to be achieved for a satisfactory ARCP outcome at the end of the training year. This version has been updated to reflect 2016 curriculum changes and replaces previous versions from October 2016. Please refer to the JRCPTB website for the most up to date version of the ARCP decision aid.

An educational supervisor report 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.

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 core Geriatric Medicine topics will be greater than that for the common competencies which should be sampled to a lesser extent.

Workplace assessment evidence of performance will be required for each of the former group but not for the common competencies. There should however be evidence of engagement with those sections of the curriculum with WPBA or other evidence (as described below) presented for the majority of the common competencies.

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 with training is being made to proceed to the next phase of training. Evidence that may be linked to the competencies listed on the ePortfolio curriculum record include work place assessments of performance, 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 ePortfolio. It is recognised that the experience gained in each training year varies as well the order in which it is gained. The targets for each training year make some allowance for that. The decision aid is a guide and some discretion can be used before the final CCT when the educational supervisor indicates to the ARCP panel that overall progress is satisfactory.

Geriatric Medicine ARCP Decision Aid- standards for recognising satisfactory progress							
Curriculum domain		**ST3**	**ST4**	**ST5**	**ST6**	**CCT**	**Comments**
SCE in Geriatric Medicine				SCE attempted	SCE attempted	SCE passed	
ALS		Valid	Valid	Valid	Valid	Valid	
Supervised Learning Events (SLEs)	mini - CEX	6	6	6	6	6	SLEs should be performed proportionately throughout each training year by a number of different assessors and should include structured feedback and actions plans to aid the trainees' personal development
	CbD	6	6	6	6	6	
	ACAT	1	1	1	1	1	
Multi-source Feedback (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 for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF(s)
Patient Survey					1		
Quality Improvement Project Assessment Tool / Audit assessment		1	1	1	1

Intermediate care or continuing care QI project / audit to be completed before PYA | 1

At least one QI project / closed loop audit to be completed before CCT | |
| **Teaching Observation** | | | | | 1 before PYA | | |

Category							
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 satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level 3 or 4 achieved	Evidence of engagement determined by sampling and level achieved recorded in the ES report. Ten of the common competencies do not require linked evidence [a]
Core Geriatric Medicine	27 to 31	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 evidence recorded and level achieved			Evidence of engagement (to include ACATs, mini-CEXs and CbDs) required for all core geriatric medicine competencies. Progress to be determined by sampling evidence and level achieved to be recorded in ES report
	32 to 39		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 achieved		
	40 to 45			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 evidence recorded and level achieved	
Optional Higher level competencies						Optional	Advanced Stroke training should be recorded on the Stroke curriculum record on the ePortfolio during the additional year of training
Teaching	Overall teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	

	Courses		Research Methodology course attended	Effective teaching skills course attended		Management course attended	
Educational Supervisor's Report	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	To cover the training year since last ARCP
Multiple Consultant Report	4-6	4-6	4-6	4-6	4-6	4-6	Each MCR to be completed by one clinical supervisor. Summary to be included in ES report