

Renal Medicine ARCP Decision Aid 2022

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. All numbers are indicative and the ARCP panel should make a decision based on holistic review of the trainee's progress. The training requirements for Internal Medicine (IMS2) are set out in the IMS2 ARCP decision aid . The ARCP decision aids are available on the JRCPTB website www.jrcptb.org.uk/training-certification/arcp-decision-aids

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Educational supervisor (ES) report	Indicative one per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms will meet all requirements needed to complete training
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Specialty capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each CiP	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm level 4 in all CiPs by end of training
Multiple consultant report (MCR)	Each MCR is completed by a consultant who has supervised the trainee's clinical work and the reports are collated in the MCR summary report. The ES should	4 responses in MCR summary	4 responses in MCR summary	4 responses in MCR summary	4 responses in MCR summary

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	not complete an MCR for their own trainee				
Multi-source feedback (MSF)	12 raters including 3 consultants and a mixture of other staff (medical and non-medical). 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	1	1	1	1
Supervised Learning Events (SLEs): Acute care assessment tool (ACAT) / Case-based discussion (CbD) / mini-clinical evaluation exercise (mini-CEX)	Trainees are encouraged to undertake these to gain structured feedback and to aid the trainee's personal development. These should be reflected on by the trainee,. SLEs will also inform the Educational Supervisor Report. There is no fixed minimum, and Educational Supervisors may request additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors.				
European Specialty Examination Nephrology (ESENeph)	Failure to pass the ESENeph by the end of ST6 will result in a non-standard ARCP outcome				Passed
Advanced life		Valid	Valid	Valid	Valid

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
support (ALS)					
Patient Survey (PS)			1		1
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	Participation in quality improvement project	Participation in quality improvement project	Completion of quality improvement project with satisfactory QIPAT	Portfolio of involvement in quality Improvement
Teaching attendance	An indicative minimum hours per training year. To be specified at induction	70% attendance at local/regional training days	70% attendance at local/regional training days	70% attendance at local/regional training days	70% attendance at local/regional training days
Teaching	To be assessed by teaching observation (TO)	Evidence of participation in teaching	Evidence of participation in teaching	Evaluated participation in teaching confirmed by satisfactory structured teaching observation	Evidence of participation in teaching
Management					Evidence of management skills and knowledge (eg completion of an NHS business/ management course)

Practical procedural skills

Trainees must be proficient in the insertion of temporary haemodialysis catheters to facilitate acute or urgent haemodialysis. Proficiency in the insertion of both femoral vein and internal jugular vein catheters is required.

Many trainees will also choose to become proficient in the placement of tunnelled dialysis catheters, native kidney biopsy, transplant kidney biopsy and placement of peritoneal dialysis catheters. These procedures are recommended but are not mandated in the curriculum. Local Education Providers that offer training in other procedures will need to put in place mechanisms to provide training and assure competence for independent practice.

Trainees should receive training in procedural skills in a clinical skills lab if required. Assessment of procedural skills will be made using the direct observation of procedural skills (DOPS) tool. When a trainee has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (DOPS) of that procedure, unless they or their educational supervisor think that this is required (in line with standard professional conduct).

Essential procedures

Procedure	ST3	ST4	ST5	ST6
Non-tunnelled intravenous dialysis catheters	Able to perform unsupervised	Maintain	Maintain	Maintain

Recommended procedures

Trainees will be expected to have knowledge of the following procedures including indications and how to deal with complications. It is not mandatory to be able to perform the procedures.

Procedure
Native Renal biopsy
Tunnelled intravenous dialysis catheters
Non-surgical insertion of peritoneal dialysis catheters
Transplant Renal Biopsy

Levels to be achieved by the end of each training year for Renal Medicine specialty CiPs

Levels to be achieved by the end of each training year

Level descriptors

Level 1: Entrusted to observe only – no clinical care; Level 2: Entrusted to act with direct supervision; Level 3: Entrusted to act with indirect supervision;

Level 4: Entrusted to act unsupervised

Specialty CiP	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
1. Running a renal ward	2	2	3	4	
2. Managing a haemodialysis and peritoneal dialysis programme	2	2	3	4	
3. Running an acute renal referral service	2	2	3	4	
4. Managing patients with chronic kidney disease stages 1-5	2	2	3	4	
5. Understanding of subspecialty clinical services	2	2	3	4	
6. Managing transplant patients	2	2	3	4	