

**HIGHER TRAINING ARCP 2022-23: REQUIREMENT GUIDE**

This document summarises the evidence that trainees must provide for ARCP, and the standards expected in order to achieve satisfactory ARCP outcome for the ST4 – ST6 years of higher training.

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| **REQUIREMENT** | **EVIDENCE REQUIRED** | **STANDARD REQUIRED:****ST4 & ST5** | **STANDARD REQUIRED:****ST6** |
| ***Educational Supervisor Report (ESR)*** | One per year to cover the training year since last ARCP | Confirms meeting minimum requirements for progression | Confirms meeting minimum requirements for completion of training |
| ***Multisource Feedback (MSF)*** | Minimum one MSF for the year, undertaken in first six months, with satisfactory number/range of respondents | Overall suggests meeting minimum requirements for progression | Overall suggests meeting minimum requirements for completion of training |
| ***End of Placement (Clinical Supervisor) Reports*** | One report from clinical supervisor, additional if rotated during the year | Confirms meeting minimum requirements for progress | Confirms meeting minimum requirements for completion of training |
| ***Extended Supervised Learning Episodes (ESLEs)*** | Minimum three for the year | Confirm meeting expectations for progression and no concerns | Confirm meeting expectations for completion of training and no concerns |
| ***Clinical Specialty Learning Outcomes (SLOs)*** | Faculty Educational Governance (FEG) statement; overall ESR | On track for minimum levels to be achieved for each clinical SLO | Entrustment level 4 for every clinical SLO |
| ***Practical Procedures (SLO 6)*** | Faculty Educational Governance (FEG) statement; overall ESR - *refer to SLO6 practical procedure checklist* | On track for minimum levels to be achieved for each procedure and the SLO as a whole | Entrustment level 4 for every procedure and the SLO as a whole |
| ***Generic Specialty Learning Outcomes (SLOs)*** | Educational Supervisor Report | “Satisfactory/good” or “excellent” for all four Generic SLOs | “Satisfactory/good” or “excellent” for all four Generic SLOs |
| ***Revalidation*** | Form R/SOAR declaration (Scotland) | Fully completed and submitted | Fully completed and submitted |

**Specialty Learning Outcomes: Minimum Requirements**

This table sets out the minimum standards to be achieved for each of the clinical and generic SLOs by the end of each training year. The final entrustment rating is made by the educational supervisor at the end of the training year following review of all the evidence provided by the trainee against each SLO.

***Entrustment level descriptors:***

Level 1: Direct supervisor observation/involvement, able to provide immediate direction or assistance

Level 2a: Supervisor on the ‘shop-floor’ (e.g. ED, theatres, AMU, ICU), monitoring at regular intervals

Level 2b: Supervisor within hospital for queries, able to provide prompt direction or assistance and trainee knows reliably when to ask for help

Level 3: Supervisor ‘on call’ from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision

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| **Supervised Learning Outcome** | **Entrustment requirements** |
| **ST3** | **ST4** | **ST5** | **ST6** |
| SLO1: Care for physiologically stable adult patients presenting to acute care across the full range of complexity | 3 | \* | \* | 4 |
| SLO2: Support the ED team by answering clinical questions and making safe decisions | 3 | \* | \* | 4 |
| SLO3 Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop | 3 | \* | \* | 4 |
| SLO4 Care for acutely injured patients across the full range of complexity | 3 | \* | \* | 4 |
| SLO5: Care for children of all ages in the ED, at all stages of development and children with complex needs | 3 | \* | \* | 4 |
| SLO6: Proficiently deliver key procedural skills in Emergency Medicine | *See SLO6 table* | *See SLO6 table* | *See SLO6 table* | *See SLO6 table* |
| SLO7: Deal with complex and challenging situations in the workplace | 3 | \* | \* | 4 |
| SLO8: Lead the ED shift | 3 | \* | \* | 4 |
| SLO9: Support, supervise and educate | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” |
| SLO10: Participate in research and managing data appropriately | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” |
| SLO11: Participate in and promote activity to improve the quality and safety of patient care | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” |
| SLO 12: Manage, administer and lead | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” | “Satisfactory/good” or “excellent” |

Level 4: Would be able to manage with no supervisor involvement (all trainees practice with a consultant taking overall clinical responsibility)

**SLO6 Practical Procedures: Entrustment Requirements**

***At completion of Intermediate training*** a trainee will have:

* the clinical knowledge to identify when key EM procedural skills are indicated
* the knowledge and psychomotor skills to perform the ACCS procedural skills safely and in a timely fashion

…with Supervisor ‘on call’ from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision.

 Assessment of procedural skills is mostly made using the direct observation of procedural skills (DOPS) tool. Some may be assessed by e-learning or course completion – see curriculum/website for details.

The table below sets out the minimum competency level expected for each of the practical procedures by the end of each training year.

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| --- | --- | --- | --- | --- |
| **Procedure** | **ST3** | **ST4** | **ST5** | **ST6** |
| Paediatric sedation | 3 | \* | \* | 4 |
| Advanced airway management | 3 | \* | \* | 4 |
| Non-invasive ventilation | 3 | \* | \* | 4 |
| Open chest drain | 3 | \* | \* | 4 |
| Resuscitative thoracotomy | 3 | \* | \* | 4 |
| Lateral canthotomy | 3 | \* | \* | 4 |
| Direct current cardioversion | 3 | \* | \* | 4 |
| External pacing | 3 | \* | \* | 4 |
| Pericardiocentesis | 3 | \* | \* | 4 |
| ED management of life-threatening haemorrhage | 3 | \* | \* | 4 |
| Emergency delivery | 3 | \* | \* | 4 |
| Resuscitative hysterotomy | 3 | \* | \* | 4 |
| Fracture/dislocation manipulation | 3 | \* | \* | 4 |
| Large joint aspiration | 3 | \* | \* | 4 |
| Point of care ultrasound | 3 | \* | \* | 4 |

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). This also applies to procedures that have been signed off during other training programmes. They would be expected to continue to record activity in their logbook.