Palliative Medicine ARCP Decision Aid – 2022 Curriculum

The guidance below documents the targets that have to be achieved for a satisfactory ARCP outcome at the end of each training year. This document replaces all previous versions from August 2022

Evidence / requirement	Notes	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = PYR)	ARCP year 7 (End of ST7 = CCT)
Educational supervisor (ES) report	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 requirements to complete training	Confirms has met all curriculum requirements and will 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 individual 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)	Minimum number. Each MCR is completed by a Palliative Medicine consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee	2	2	2	2

Evidence / requirement	Notes	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = PYR)	ARCP year 7 (End of ST7 = CCT)
	Trainees also need a minimum of four MCRs completed by an IM consultant by completion of training				
Multi-source feedback (MSF)	An indicative minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical). In a year that has included IM training, at least 4 raters should be from IM. A separate MSF for IM is not required	1	1	1	1
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	An indicative minimum number to be carried out by consultants. Each ACAT must include a minimum of 5 cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team). It is not for comment on the management of individual cases	Included within IMS2 requirements of four per year – aim for at least one IM ACAT to reflect palliative care work, either ward round or on call experience			
Supervised Learning Events (SLEs): Case-based discussion (CbD), outpatient care	An indicative minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are	3	3	3	3

Evidence / requirement	Notes	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = PYR)	ARCP year 7 (End of ST7 = CCT)
assessment tool (OPCAT) or mini-clinical evaluation exercise (mini-CEX)	identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee				
Supervised Learning Events (SLEs): Palliative Record of Reflective Practice (RRP)	An indicative minimum number to be carried out by consultants. Trainees are encouraged to undertake further reflection on the ePortfolio. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee	2	2	2	2
Practical Procedures	Minimum level of competence for Palliative Medicine training as outlined in table below				
SCE	Passed SCE to obtain CCT				
Advanced life support (ALS)	Valid				
Quality improvement Assessment Tool(QIPAT)	Active involvement in audit and quality improvement. Aim to lead minimum of one audit/QIP and supervise another by the end of training, assessed via QIPAT				
Communication skills	Evidence of completion of locally approved advanced communication skills training by the end of training				
Patient Survey	Completion of one satisfactory patient survey by end of training, with indicative minimum 15 respondents (patient or those close to them; can include patients seen in IM). One survey will meet the requirements of the Palliative Medicine and IM curricula.				
Teaching	Evidence of a range of teaching, including audience, topic and type of teaching; role	Evidence of participation in and evaluation of teaching	Evidence of participation in and evaluation of teaching medical	Evidence of participation in and evaluation of a range of teaching	Portfolio evidence of ongoing participation in teaching across a range

Evidence / requirement	Notes	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = PYR)	ARCP year 7 (End of ST7 = CCT)
	in organising teaching; evidence of formal training in teaching and learning Summary of attendance at and involvement in teaching to be recorded in ePortfolio	medical students, junior doctors, nurses and AHPs	students, junior doctors, nurses and AHPs	activities. Evidence of basic understanding of principles of adult education and learning.	of settings. Evidence of training in an implementation of principles of adult education and learning
Teaching Observation		1	1	1	1
Clinical Management	Many palliative medicine doctors take on significant clinical management responsibilities early in their consultant careers, so trainees should demonstrate involvement in a range of activities to build experience and confidence. Evidence can be collated in the ePortfolio and include: details of meetings attended (local, regional, national), including experience in chairing meetings; engagement in management, e.g. organising rotas, involvement in recruitment; evidence of working at a senior level (ST7); any formal management training	Evidence of participation in and awareness of some aspects of management – e.g. responsibility for organising on call rotas, organising and managing own workload effectively; supervision of more junior doctors	Evidence of participation in and awareness of some aspects of management, e.g. designing rotas; organising and leading teams; organising teaching sessions or journal clubs	Evidence of awareness of NHS and third sector management structures and how local services link to these. Attendance at relevant local management meetings and evidence of participation in management-related activities.	Evidence of understanding of management structures within NHS and third sector services and awareness of a range of clinical management activities, e.g. understanding budgets; liaison with commissioners and senior management; business planning
LEADER	Trainees should complete two LEADER assessments by the end of training	1 LEADER satisfactorily completed		1 LEADER satisfactorily completed	

Practical procedural skills

The 2022 Curriculum requires only two DOPS (syringe pump set up and management of an indwelling pleural or peritoneal catheter) to be undertaken in a clinical setting. Trainees need to demonstrate sustained competence for the syringe pump DOPS, which must therefore be repeated three times during training in a range of clinical settings and with different assessors.

The three other DOPS – management of patients with spinal lines, NIV and tracheostomies – can all be assessed by DOPS in a simulated setting. The focus of the simulation training should be on enabling the trainee to manage a patient with a spinal line, tracheostomy or NIV in a non-acute setting, including basic troubleshooting of any potential complications.

Trainees are expected to complete a minimum of one DOPS annually; however, the total number of DOPS required to complete training is seven; this decision aid has been designed to allow flexibility as to when during training the DOPS are undertaken.

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year.

Practical procedures – minimum requirements	ST4	ST5	ST6	ST7
Total Requirement	Minimum 1	Minimum 1	Minimum 1	Minimum 1 Evidence of completion of all mandatory DOPS (minimum total 7 by end of training)
Syringe pump set up	Limited supervision (formative)			Competent to set up independently (summative DOPS)
NIV set up and troubleshooting, e.g. checking the machine is set up according to the initiating team's advice, ensuring correct mask position and patient comfort, and be able to assess common	Skills lab or satisfactory supervised practice (formative)			Competent in simulated setting (summative DOPS)

Practical procedures – minimum requirements	ST4	ST5	ST6	ST7
problems/potential emergencies and know who to contact for advice				
Spinal lines: principles, indications and likely complications in relation to spinal lines e.g. how to recognise a problem, what to inspect and who to call for advice	Skills lab or satisfactory supervised practice (formative)			Competent in simulated setting (summative DOPS)
Tracheostomy care: management of common complications, e.g. secretions and a simple tube / tracheostomy change	Skills lab or satisfactory supervised practice (formative)			Competent in simulated setting (summative DOPS)
Indwelling pleural/peritoneal catheter: identification of appropriate patients; day to day management and troubleshooting of complications, e.g. displacement, infection, blockage	Skills lab or satisfactory supervised practice/ limited supervision (formative)			Competent to manage complications and advise patients re: management (summative DOPS)

Supplementary guidance for Palliative Medicine ARCP decision aid – 2022 Curriculum

Events giving concern:
The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety

Summary of Clinical Activity
Trainees are expected to record the range of clinical experience relevant to the portfolio using the summary of clinical activity forms. These are not meant to be onerous but to allow the trainee to demonstrate the range of activities undertaken to support the ES report and ARCP panel. Examples include:

- **Out of hours:** including details of all on-call /out of hours clinical activity, e.g. emergency admissions, routine and unplanned follow ups, telephone advice across all clinical settings

- **Hospital, palliative care inpatient/hospice and community:** number and range of patients seen in different settings to evidence sampling across range of curriculum. The majority of ST4 trainees will benefit from starting their specialty training in an inpatient unit, to provide the foundation stone for developing the core skills that are then transferrable to hospital and community settings.

Study leave: list of courses attended, use of CPD diary

Teenagers and Young Adults: please reference JRCPTB guidance and target workplace based assessments as outlined in the JRCPTB guidance on training in Adolescent and Young Adult Health Care (Curriculum Extract, pages 7-8)[1]

Evidence to support experience across settings and specialty on call
To aid evaluation of progression, trainees will be encouraged to keep a summary log of experience across different care settings and including specialty on call, to demonstrate that they have the range of experience required as outlined in the curriculum. Educational supervisors will be asked to comment on these areas in the educational supervisor reports and these areas will be reviewed at the time of PYR, to help identify any gaps in training.

Outline grid of levels expected for Palliative Medicine specialty capabilities in practice (CiPs)

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

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	CRITICAL PROGRESSION	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION
1. Managing patients with life limiting conditions across all care settings		**2**	**2**	**3**	**4**	
2. Ability to manage complex pain in people with life limiting conditions across all care settings		2	3	3	**4**	
3. Demonstrates the ability to manage complex symptoms secondary to life limiting conditions across all care settings		2	3	3	**4**	

[1] JRCPTB. Guidance on training in Adolescent and Young Adult Health Care (Including transition), 2018. https://www.jrcptb.org.uk/sites/default/files/Guidance%20on%20training%20in%20Adolescent%20and%20Young%20Adult%20Health%20Care%20August%202018.pdf

4. Ability to demonstrate effective advanced communication skills with patients, those close to them and colleagues across all care settings		2	3	3	**4**	
5. Ability to manage, lead and provide optimal care of the complex dying patient and those close to them across all care settings		2	3	4	**4**	
6. Manages delivery of holistic psychosocial care including religious, cultural and spiritual care across all care settings across all care settings		2	3	3	**4**	
7. Demonstrates the ability to lead a palliative care service in any setting, including those in the third sector		2	2	3	**4**	