

ARCP Decision Aid: Oncology Common Stem and Medical Oncology ST4-6

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids>

Individual progress will be monitored by an annual review, the annual review of competency progression (ARCP). This facilitates decisions regarding progression through the training programme, as well as identifying any requirements for targeted or additional training where necessary. The following decision aids offer guidance on the domains to be reviewed and minimum expectations for progress. The decision aids should be used alongside the progression grids detailing the expected level of progress for the capabilities in practice (CiPs) at each stage of training.

It is important to note that the decision aids describe the minimum requirements for progression, however ARCP panels should consider the quality of assessments as well as the quantity.

ARCP Decision Aid: OCS Year

		<u>Oncology Common Stem</u>
Satisfactory workplace based assessments	MSF	1
	Mini-CEX	2
	CbD	2 including 1 involving a patient on a clinical trial
	DORPS	2
	DOST	2
	ACAT	1
	MCR	1 summary of 4-6 consultant reports (to include at least 1 medical oncology and 1 clinical oncology consultant)

MDT	Portfolio evidence of MDT participation
Clinical research	Valid GCP certificate [*]
Educational Supervisor's Report	1

*Please note that at least one CbD involving a patient on a trial is required to provide evidence of clinical research, as detailed in the 'CbD' section above

ARCP Decision Aid: Medical Oncology ST4-6

		<u>ST4</u>	<u>ST5</u>	<u>ST6</u>
Satisfactory workplace based assessments	MSF	-	1	-
	Mini-CEX ^a	2	2	2
	CbD ^b	2	2	2
	DOST ^c	2	2	2
	ACAT ^d	1	1	1
	MCR	4-6	4-6	4-6
	TO	1	1	-

	Audit/QiPAT	1	1	1
	Patient survey/feedback	1	-	1
MDT	Portfolio evidence of MDT participation			
Clinical research	GCP Personal reflections on contribution to clinical research, such as; recruitment, trial management, data analysis, presentation of data or project planning			
Educational Supervisor's Report	1	1	1	
Management, Leadership and Governance	Portfolio evidence of management, leadership and governance and/or completion of a management course			
Reflective Practice	Personal reflections on issues, including complex clinical cases and interactions, governance and ethical issues, to highlight learning points and actions for personal development			
Examinations	-	-	Medical Oncology SCE	

- a. Mini-CEXs to include comprehensive assessment of a new patient, patient counselling and education
- b. CBDs to include some/all of the following: review of presenting features, diagnostic reasoning, planning investigations, interpretation of clinical data and planning treatment or end of life care
- c. DOSTs to include treatment choice discussion with patient, informed consent process, review of prescription with dose adjustment as appropriate, review of toxicity and response. This may be informed by the Systematic Anticancer Therapy competency levels as described in the SACT prescribing Sign Off Sheet. It is recommended that trainees meet level 4 SACT prescribing skills in ST4 and ST5 and level 5 SACT prescribing skills in ST6.
- d. ACAT to include the management of acute cancer presentations and complications, acute treatment toxicities, oncological emergencies, pain management.

Acute Care Assessment Tool (ACAT)

The ACAT is designed to assess and facilitate feedback on a doctor's performance during their practice on the acute medical take. It is primarily for assessment of their ability to prioritise, to work efficiently, to work with and lead a team, and to interact effectively with nursing and other colleagues. It can also be used for assessment and feedback in relation to care of individual patients. Any doctor who has been responsible for the supervision of the acute medical take can be the assessor for an ACAT.

Direct Observation of Systemic Therapy (DOST)

The DOST is an assessment tool designed to assess the performance of a trainee in undertaking, authorising, prescribing and taking consent for systemic therapy, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

Direct observation of radiotherapy planning skills (DORPS)

The DORPS is a structured checklist for assessing the performance of a trainee in undertaking radiotherapy planning. Assessors must be trained both in radiotherapy planning and feedback methodology. Trainees should agree the timing and assessor, although assessors may also carry out unscheduled assessments. Trainees should receive immediate feedback to identify strengths and areas for development.