

## ARCP Decision Aid for Palliative Medicine 2022 curriculum (updated 2023)

Evidence / requirement	Notes	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = PYA)	ARCP year 7 (End of ST7 = CCT)
<b>Educational supervisor (ES) report</b>	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
<b>Generic capabilities in practice (CiPs)</b>	Mapped to <a href="#">Generic Professional Capabilities (GPC) framework</a> 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
<b>Specialty capabilities in practice (CiPs)</b>	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
<b>Multiple consultant report (MCR)</b>	Minimum number. Feedback from a Palliative Medicine consultant who has supervised the trainee's clinical work; consultant should comment on the trainee's work in Palliative Medicine but may also comment on capability for transferable skills in the IM curriculum. <b><i>The ES should not complete an MCR for their own trainee</i></b>	2	2	2	2

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	In any year where a trainee is training in IM, trainees also require 2 MCRs providing feedback on IM CIPs.				
<b>Multi-source feedback (MSF)</b>	An indicative minimum of 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. In any year where the trainee is working in IM, they should aim to have a mix of respondents from Palliative Medicine and IM for all staff.	1	1	1	1
<b>Supervised learning events (SLEs):</b>  <b>Acute care assessment tool (ACAT)</b>	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 identified. 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	2	2	2	2

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	for comment on the management of individual cases (For any year including IM and CIP, 4 ACATs to be completed by consultants supervising acute unselected take/ post take setting.				
<b>Supervised Learning Events (SLEs):</b>  <b>Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)</b>	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 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 (Note: in any year including IM training, an additional 3 SLEs are required.)	4	4	4	2
<b>Supervised Learning Events (SLEs):</b>  <b>Record of Reflective Practice (RRP)</b>	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 satisfactorily completed RRP	2 satisfactorily completed RRP	2 satisfactorily completed RRP	2 satisfactorily completed RRP
<b>SCE</b>				Attempted SCE	Passed SCE to obtain CCT
<b>Advanced life support (ALS)</b>		Valid	Valid	Valid	Valid

Evidence / requirement	Notes	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = PYA)	ARCP year 7 (End of ST7 = CCT)
<b>Quality improvement (QI)</b>	Evidence of participation in clinical governance activities (including incidents, complaints and risk management), including audit or quality improvement. Project to be assessed with quality improvement project tool (QIPAT).	Evidence of completion of an audit or QIP with major involvement in design, implementation, analysis and presentation of the findings, including development of an action plan	Evidence of supervision of an audit or QIP with major involvement in design, implementation, analysis and presentation of the findings, including development of an action plan	Evidence of satisfactory completion of portfolio with evidence of involvement in an audit/QIP	Evidence of participation in clinical governance activities, including audit or quality improvement (QIP)
		1 project to be assessed with quality improvement project tool (QIPAT)		1 project completed as supervisor with QIPAT	
<b>Communication skills</b>	Evidence of completion of locally approved advanced communication skills training by the end of training				
<b>Patient Survey</b>	Completion of one satisfactory patient survey by end of training, with indicative minimum 15 respondents (including patients seen during IM training)				
<b>Teaching</b>	Evidence of a range of teaching, including audience, topic and type of teaching; role in organising teaching; evidence of formal training in teaching and learning  Summary of attendance at and involvement in teaching to be recorded in ePortfolio	Evidence of participation in and evaluation of teaching medical students, junior doctors, nurses and AHPs  1 teaching observation	Evidence of participation in and evaluation of teaching medical students, junior doctors, nurses and AHPs  1 teaching observation	Evidence of participation in and evaluation of a range of teaching activities. Evidence of basic understanding of principles of adult education and learning.  1 teaching observation	Portfolio evidence of ongoing participation in teaching across a range of settings. Evidence of training in an implementation of principles of adult education and learning  1 teaching observation
<b>Clinical Management</b>	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 of participation in and awareness of some aspects of management – e.g. responsibility for organising on call rotas, organising and managing own workload effectively;	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	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;

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	<p>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</p> <p>Trainees should complete two LEADER assessments by the end of training</p>	<p>supervision of more junior doctors</p>	<p>1 LEADER satisfactorily completed</p>	<p>management-related activities.</p>	<p>liaison with commissioners and senior management; business planning</p> <p>1 LEADER satisfactorily completed</p>

## 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
<b>Total Requirement</b>	Minimum 1	Minimum 1	Minimum 1	Minimum 1  Evidence of completion of all mandatory DOPS (minimum total 7 by end of training)
<b>Syringe pump set up</b>	Limited supervision (formative)			Competent to set up independently (summative DOPS)
<b>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</b>	Skills lab or satisfactory supervised practice (formative)			Competent in simulated setting

Practical procedures – minimum requirements	ST4	ST5	ST6	ST7
comfort, and be able to assess common problems/potential emergencies and know who to contact for advice				(summative DOPS)
<b>Spinal lines:</b> 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)
<b>Tracheostomy care:</b> 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)
<b>Indwelling pleural/peritoneal catheter:</b> 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)<sup>1</sup>

### 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

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<sup>1</sup> 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>

Palliative Medicine ARCP Decision Aid 2022 Curriculum



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 POINT	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
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	
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	