Rheumatology 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. 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 https://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	An 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)	An indicative minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not usually complete an	4	4	4	4

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	MCR for their own trainee *				
Multi-source feedback (MSF)	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 within a stipulated time frame.	1	1	1	1
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	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 for comment on the	2	2	2	2

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	management of individual cases				
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	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	4 CBDs 4 mini-CEXs	4 CBDs 4 mini-CEXs	4 CBDs 4 mini-CEXs	4 CBDs 4 mini-CEXs
SCE		Opportunity to attempt at this stage	Must have attempted at this stage	Should have ideally passed at this stage	Must have passed to obtain CCT
Advanced life support (ALS)		Must have valid ALS	Must have valid ALS	Must have valid ALS	Must have valid ALS
Audit/Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	Evidence of participation in audit/QIP. Indicative evidence would include an audit proposal, audit report, evidence of involvement in the design and or/implementation of an audit	Evidence of completion of an audit – with major involvement in design, implementation, analysis and presentation of results and recommendations. Such evidence may be publication or	Satisfactory portfolio of audit involvement	Satisfactory portfolio of audit involvement

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
			presentation at formal meetings. Evidence may also include audit assessment tool		
Simulation	Simulation Teaching is increasingly used in various rheumatology centres and trainees must explore opportunities to enhance their training by accessing available resources.	Optional Evidence can be used towards SLEs	Optional Evidence can be used towards SLEs	Optional Evidence can be used towards SLEs	Optional Evidence can be used towards SLEs
Teaching attendance	An indicative minimum hours per training year. It is anticipated that the trainee will have attended a formal Teaching Course during HST	25 hours Evidence of participation in teaching of medical students, junior doctors and other AHPs	25 hours Evidence of participation in teaching with results of students' evaluation of that teaching and teaching observations Evidence may include teaching observation tool Evidence of understanding of the principles of adult education. Evidence might include attendance at relevant	25 hours Portfolio evidence of ongoing evaluated participation in teaching Evidence of implementation of the principles of adult education Evidence may include teaching observation tool	25 hours Portfolio evidence of ongoing evaluated participation in teaching Evidence of implementation of the principles of adult education Evidence may include teaching observation tool

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
			courses, accredited qualifications in medical education		
Patient Survey (PS)	An indicative minimum of at least two PSs must be undertaken during HST in rheumatology. It is recommended that the PSs are performed in ST4 and in ST5/6	Satisfactory		Satisfactory	
Research experience			Evidence of critical thinking around relevant clinical questions. Such evidence might be via a formal research proposal, formal written work, participation within an existing research group	Evidence of developing research awareness and competence – participation in research studies, completion of "Good Clinical Practice" module, critical reviews, presentation at relevant research meetings or participation in (assessed) courses.	Satisfactory academic portfolio with evidence of research awareness and competence. Evidence might include a completed study with presentations/publication, a completed higher degree with research component (e.g. Masters) or a research degree (MD or PhD).
Management experience	It is anticipated that the trainee will have attended a formal Management Course during the latter stages of HST		Evidence of participation in, and awareness of, some aspect of management – examples might include responsibility for organising rotas, teaching sessions or	Evidence of awareness of managerial structures and functions within the NHS. Such evidence might include attendance at relevant courses, participation in relevant local	Evidence of understanding of managerial structures e.g. by reflective portfolio entries around relevant NHS management activities.

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
			journal clubs	management meetings with defined responsibilities.	

Practical procedural skills

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.

Procedure	ST4	ST5	ST6	ST7
Minimum level required				
Mandatory				
Large joint – knee, shoulder	Competent to perform unsupervised	Maintain	Maintain	Maintain
Medium joints – wrist, elbow and ankle	Satisfactory supervised practice	Competent to perform unsupervised	Maintain	Maintain
Small joints	Satisfactory supervised practice	Satisfactory supervised practice	Competent to perform unsupervised	Maintain
Soft tissue injections	Satisfactory supervised practice	Satisfactory supervised practice	Competent to perform unsupervised	Maintain
Recommended				
Nail-fold capillaroscopy	Skills lab	Skills lab	Maintain	Maintain
Polarising microscopy of synovial fluid for crystals		Skills lab	Skills lab	Maintain

Procedure	ST4	ST5	ST6	ST7
Ultrasound-guided joint or soft tissue injections	Optional	Optional	Optional	Optional
Fluoroscopy-guided injections	Optional	Optional	Optional	Optional

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).

Levels to be achieved by the end of each training year and at critical progression points 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	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
1. Managing common rheumatologic disorders across multiple care settings	2	3	4	4	
2. Managing rheumatologic emergencies	2	3	4	4	
3. Managing complex rheumatologic disorders across multiple care settings	2	2	3	4	
4. Managing transitional care, chronic pain, metabolic bone disease and rarer rheumatological disorders	2	2	3	4	

5. Competent in all practical procedures for rheumatological conditions as defined by the curriculum	2	2	3	4	
6. Managing and leading a musculoskeletal multidisciplinary team and coordination of care with other specialties	2	2	3	4	
7. Ability to manage the interface with primary care and demonstrate effective relationships with primary care teams, patients and patient groups	2	2	3	4	