

## HIGHER TRAINING ARCP REQUIREMENT GUIDE

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

REQUIREMENT	EVIDENCE REQUIRED	STANDARD REQUIRED: ST4 & ST5	STANDARD REQUIRED: ST6
<b>Educational Supervisor Report (ESR)</b>	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
<b>Multisource Feedback (MSF)</b>	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
<b>Clinical Supervisor Report (CSR)</b>	One report from clinical supervisor ( <i>only needed for any placement(s) not with Educational Supervisor</i> )	Confirms meeting minimum requirements for progress	Confirms meeting minimum requirements for completion of training
<b>Extended Supervised Learning Episodes (ESLEs)</b>	Minimum three for the year including PEM-focussed ESLE(s)	Confirm meeting expectations for progression and no concerns	Confirm meeting expectations for completion of training and no concerns
<b>Clinical Specialty Learning Outcomes (SLOs)</b>	Faculty Educational Governance (FEG) statement; overall ESR based on adequate SLO evidence	On track for minimum levels to be achieved for each clinical SLO	Entrustment level 4 for every clinical SLO
<b>Practical Procedures (SLO 6)</b>	Faculty Educational Governance (FEG) statement; overall ESR - <i>refer to SLO6 practical procedure checklist</i>	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
<b>Generic Specialty Learning Outcomes (SLOs)</b>	Educational Supervisor Report	“Satisfactory/good” or “excellent” for all four Generic SLOs <i>See Appendix 4</i>	“Satisfactory/good” or “excellent” for all four Generic SLOs <i>See Appendix 4</i>
<b>Revalidation</b>	Form R/SOAR declaration	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 after review of all the evidence provided by the specialty trainee for 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
- Level 4: Would be able to manage with no supervisor involvement (all specialty trainees practise with a consultant taking overall clinical responsibility)

Specialty Learning Outcome <i>Curriculum progress can be reviewed using the "Goals" e-portfolio dropdown</i>	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	<i>See SLO6 table</i>	<i>See SLO6 table</i>	<i>See SLO6 table</i>	<i>See SLO6 table</i>
SLO7: Deal with complex and challenging situations in the workplace	3	*	*	4
SLO8: Lead the ED shift	3	*	*	4
SLO9: Support, supervise and educate <i>See website SLO9 "Programme of assessment – Higher"</i>	“Satisfactory/good” or “excellent”	“Satisfactory/good” or “excellent”	“Satisfactory/good” or “excellent”	“Satisfactory/good” or “excellent”
SLO10: Participate in research and managing data appropriately <i>See website SLO10 "Programme of assessment – Higher"</i>	“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 <i>See website SLO11 "Programme of assessment – Higher"</i>	“Satisfactory/good” or “excellent”	“Satisfactory/good” or “excellent”	“Satisfactory/good” or “excellent”	“Satisfactory/good” or “excellent”
SLO 12: Lead & manage <i>See website SLO12 "Programme of assessment – Higher"</i>	“Satisfactory/good” or “excellent”	“Satisfactory/good” or “excellent”	“Satisfactory/good” or “excellent”	“Satisfactory/good” or “excellent”

## SLO6 Practical Procedures: Entrustment Requirements

**At completion of Higher training** a specialty trainee will have:

- the clinical knowledge to identify when key EM practical emergency skills are indicated
- the knowledge and psychomotor skills to perform EM procedural skills safely and in a timely fashion
- Will be able to supervise and guide colleagues in delivering procedural skills

**...and would be able to manage with no supervisor involvement**

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.

Procedure	ST3	ST4	ST5	ST6
Adult sedation	3	*	*	4
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
POCUS – Echo in life support (ELS)	3	*	*	4
POCUS – Abdominal aortic aneurysm (AAA)	3	*	*	4
POCUS – Trauma/Free Fluid (eFAST/FAFF)	3	*	*	4
POCUS - Shock	*	*	*	4

When a specialty 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.