

## Appendix 2

ARCP decision aids

# RCEM Curriculum

## Preparing for ARCP

Judging achievement of Specialty Learning

Outcomes to support progression decisions

A practical guide for Trainees,

Supervisors and ARCP panel

This document describes what an ARCP panel will be looking for at the end points of each level of training to satisfy themselves that trainees are fulfilling the requirements of the RCEM curriculum. It is designed to guide trainees and their Educational Supervisor as to what evidence should be recorded in their ePortfolio through the intervening years, so they can meet the curriculum requirements at the ARCP at the end of each training level.

Trainees and supervisors should also refer to the RCEM curriculum and Clinical Syllabus.

### **Evidencing the curriculum**

In the revised RCEM curriculum there are 12 Specialty Learning Outcomes which map to the GMC's Generic Professional Capabilities (GPCs). The curriculum is outcome-based, which means that it describes the behaviours and performance required at the completion of the three stages of training (Core training, Intermediate and Higher training, on achieving CCT). Trainees will need to ensure they have provided evidence demonstrating how they have met the Specialty Learning Outcomes.

Supervisors and ARCP panels will make a professional judgement as to the sufficiency of this evidence.

The RCEM Specialty Learning Outcomes contain Key Capabilities (the mandatory aspects that must be explicitly evidenced to satisfy the requirements of the Learning Outcome), and a range of examples ('descriptors') of skills, behaviours and attitudes that relate to them.

Trainees will **not** be expected to provide evidence addressing each of the descriptors; the evidence should be aimed at demonstrating each **Key Capability** and, therefore, each Specialty Learning Outcome.

Trainees need to demonstrate evidence in their ePortfolio for each Specialty Learning Outcome at their level of training. This will consist of a mixture of documentation of learning from formal training courses, skills log of activities carried out in training, work place based assessments including Multi-Source Feedback, the other RCEM exams and assessments, as well as reflective notes and educational supervisor reports. The ePortfolio has been configured to enable easy display of the data tagged to each domain. This will support the Educational Supervisor and ARCP panel in the way they can evaluate the evidence submitted against the SLOs.

### **How to use this document**

This document aims to describe the standard of evidence and level of performance required for a trainee to show they have satisfactorily demonstrated achievement of the Specialty Learning Outcomes, which is a requirement before they may progress to the next level of training (or CCT). This will ensure that trainees are assessed consistently throughout the UK. This guidance should be used by ARCP panels to support their decision making process, and by Educational Supervisors and trainees to help them consider the type, depth and breadth of evidence required.

This is generic guidance and does not replace any specific targeted learning objectives that may have been agreed between the trainee, Supervisor and Deanery/LETB following a previous unsatisfactory ARCP outcome. Supervisors and ARCP panels should also ensure trainees have met the RCEM examination requirements.

### **Clinical SLOs**

The Clinical SLOs have entrustment statements that cover the Key Capabilities. This means that the training faculty will give their opinion about whether the trainee has met the standard in each of these. It is important that trainees also record evidence that demonstrates their progress in each of the Clinical SLOs, and do so from the start of each training attachment. Examples of the evidence that would be suitable in each of the Clinical SLOs is provided in Table 1.

### **Generic SLOs**

Assessment of the Generic Specialty Learning Outcomes is by the professional judgement of the Educational Supervisor/ ARCP panel. To ensure consistency of judgements at each of the three levels of training, a grid has been provided, offering guidance (explicit where possible/appropriate) as to the standard of evidence and level of performance required. Each of the Generic SLOs outline the standard required at key waypoints at the end of training:

- By the end of ST2 (core/ACCS)
- By the end of ST3 (intermediate)
- By the end of ST6, prior to CCT (higher)

Trainees who are not at the end of each level, where the guidance criteria are set, need to show satisfactory progress towards meeting the requirements by the end of their current level.

In addition to describing minimum standards, guidance and pointers as to what might be deemed excellent are also included. The guidance is set out in table form as below:

- Below expectations: Details for expected outcomes for this grade
- Satisfactory/ Good: Details for expected outcomes for this grade
- Excellent: Details for expected outcomes for this grade

Guidance is provided below for the Generic SLOs learning outcomes at each level

- Education and training
- Quality improvement
- Research
- Lead, manage, administrate (Intermediate and Higher)

The RCEM curriculum and all syllabus documents, as well as other supporting guidance, are available at [www.rcemcurriculum.co.uk](http://www.rcemcurriculum.co.uk).

**Table 1. Recommended WPBA to provide evidence for Clinical SLOs**

<b>Clinical SLOs</b>	<b>ACCS EM/AM</b>	<b>Intermediate</b>	<b>ST4</b>	<b>ST5</b>	<b>ST6</b>
<b>Care for physiologically stable patients attending the ED across the full range complexity</b>	Mini-CEX; ACAT; RCEM App; RCEMlearning activity; reflective entries	ESLE; CBD;	ESLE; CBD	ELSE; CBD	CBD
<b>Answer clinical questions</b>	CBD, RCEM App; RCEMlearning activity relating to clinical reasoning; reflective activity	ESLE; CBD	ELSE, CBD	ELSE, CBD	ELSE, CBD
<b>Resuscitate and stabilise</b>		ELSE; RCEM Resuscitation Mini-CEX; RCEM Resuscitation CBD; reflective activity	ELSE; RCEM Resuscitation Mini-CEX; RCEM Resuscitation CBD; reflective activity	ESLE; RCEM Resuscitation Mini-CEX; RCEM Resuscitation CBD; reflective activity	ESLE; RCEM Resuscitation Mini-CEX; RCEM Resuscitation CBD; reflective activity
<b>Care for an injured patient</b>	Mini-CEX; CBD; reflective activity	ELSE; Mini-CEX; CBD; reflective activity	ELSE; RCEM Mini-CEX; CBD; reflective activity	ELSE; Mini-CEX; CBD; reflective activity	ESLE; Mini-CEX; CBD; reflective activity
<b>Care for children in the ED</b>		ESLE; Mini-CEX; CBD; RCEM Resuscitation Mini-CEX; RCEM Resuscitation CBD; reflective activity	ESLE; Mini-CEX; CBD; RCEM Resuscitation Mini-CEX; RCEM Resuscitation CBD; reflective activity	ESLE; Mini-CEX; CBD; RCEM Resuscitation Mini-CEX; RCEM Resuscitation CBD; reflective activity	ESLE; Mini-CEX; CBD; RCEM Resuscitation Mini-CEX; RCEM Resuscitation CBD; reflective activity

<b>Deliver key procedural skills</b>	DOPS; Record of skills lab activity; RCEM logbook	DOPS; Record of skills lab activity; RCEM logbook	DOPS; Record of skills lab activity; RCEM logbook	DOPS; Record of skills lab activity; RCEM logbook	DOPS; Record of skills lab activity; RCEM logbook
<b>Deal with complex situations on the shop floor</b>	CBD	CBD	ELSE; CBD	ELSE; CBD	ELSE; CBD
<b>Lead the ED shift</b>		ESLE; reflective activity	ESLE; reflective activity	ESLE; reflective activity	ESLE; reflective activity
<b>Provide basic anaesthetic care (ACCS)</b>	Mini-CEX, CBD, DOPS, RCEM logbook, RCEMLearning				
<b>Manage patients with organ dysfunction and failure (ACCS)</b>	Mini-CEX, CBD, DOPS, logbook, RCEMLearning				

The Faculty Educational Governance (FEG) statement is summative evidence that the trainee has met the required standard for each of the relevant SLOs for their stage of training. The Educational Supervisor can therefore explore in more depth the strengths and areas to work on for their trainee.

The entrustment statement frees the trainee from producing an exhaustive list of episodes to 'tick off'. The purpose of the ePortfolio is to provide evidence that can be triangulated with the Faculty Educational Governance statement, but also to ensure the trainee is developing as a self-regulating learner and taking the opportunities to develop in the clinical sphere.

That being said, what follows is some guidance for trainees and trainers about how the supporting evidence in the ePortfolio might be collated.

#### **WPBA Requirements for Clinical SLOs for ARCP**

- At least three ESLEs are required in each training year in intermediate and higher training.
- One MSF in each year of training. The MSF must be completed in the first 6 months of the training year so any training needs can be addressed in year, if necessary.

- Evidence of interaction with the training faculty in each of the Clinical SLOs relevant to the stage of training from the outset of training. This will be reviewed at the first 3 month review with the Clinical/Educational Supervisor
- There are no absolute numbers of WPBAs thereafter- the quality of the learning or reflection is of greater importance. There needs to be evidence collated of observed practice in each of the **Key Capabilities** of each of the Clinical SLOs, and assessments in each SLO need to include a number of assessors.
  - Aiming for around one observed episode every week across each of the Clinical SLOs would be a reasonable aim. These episodes need not necessarily be lengthy. It is more important that the relevant learning point is explored. This may be quite focussed, eg for an intermediate trainee evidencing SLO2- answering questions, this may be an observation of the clinician answering a question posed by a junior staff member. The feedback may be focussed and offer one or two things to reflect upon. It may take a matter of minutes. The trainee would provide a focussed reflection that might take longer, depending upon the learning encounter, but the episode in the work place might be brief.

# SLO: Teach, Supervise, educate

## Key capabilities:

1. ...able to set learning objectives for and deliver a teaching session
2. ...able to deliver effective feedback to a junior colleague or allied health professional with an action plan.

Below expectations	<ul style="list-style-type: none"><li>• Minimal evidence of participation in teaching and reflection on performance.</li><li>• Evidence of teaching skills needing further development or unwillingness to teach (MSF, mini-CEX, trainers report).</li></ul>
Satisfactory/Good	<ul style="list-style-type: none"><li>• Evidence of participation in local departmental teaching, for example through development log entries.</li><li>• Evidence of feedback on teaching and learning events delivered by the trainee with reflection and goal setting for development of teaching skills.</li></ul>
Excellent	<ul style="list-style-type: none"><li>• Evidence of participation in regional or national education or training delivery.</li><li>• Participation in formal teacher training programme.</li><li>• Quality improvement activity in the area of education.</li></ul>

# SLO: Patient Safety & Quality Improvement

## Key capability

1. ...able to contribute effectively to a departmental quality improvement project

Below expectations	<ul style="list-style-type: none"><li>• Minimal evidence of activity in quality improvement activity.</li></ul>
Satisfactory/Good	<ul style="list-style-type: none"><li>• Evidence of engagement in quality improvement processes within the NHS Trust.</li><li>• For each year of training, evidence of involvement in an audit or other process related to quality improvement (service evaluation, audit, re-audit, quality improvement, guideline development, etc.).</li><li>• Presentation at local QI meeting.</li></ul>
Excellent	<ul style="list-style-type: none"><li>• Presentation of the findings and actions from more than one project or in more than one setting.</li><li>• Demonstrates translation of findings and learning from one audit into another area of practice or another hospital.</li></ul>



# SLO: Research

## Key capability

1. ...able to search the medical literature effectively and know how to critically appraise studies

Below expectations	<ul style="list-style-type: none"><li>• Minimal evidence of regular involvement in research-related activity (e.g. literature review, audit, critical appraisal).</li><li>• Poor use of clinical questions in ePortfolio with no critical review of the relevant literature.</li></ul>
Satisfactory/Good	<ul style="list-style-type: none"><li>• Evidence of regular involvement in research related activities, e.g. literature review, audit, critical appraisal; evidence may include, for example, reflection on audit projects or journal club presentations.</li><li>• Good use of clinical questions in ePortfolio, incorporating critical review of the relevant literature.</li></ul>
Excellent	<ul style="list-style-type: none"><li>• Evidence of skills in interpretation and communication of research findings to patients, plus to the multidisciplinary team; evidence may include, for example, mini-CEX and MSF feedback.</li></ul>

# SLO9: Support, supervise and educate

## Key capabilities

1. ...able to set learning objectives for and deliver a teaching session
2. ...able to deliver effective feedback to a junior colleague or allied health professional

Below expectations	<ul style="list-style-type: none"> <li>• Minimal evidence of participation in teaching and reflection on performance.</li> <li>• Evidence of teaching skills needing further development or unwillingness to teach (MSF, mini-CEX, trainers report).</li> </ul>
Satisfactory/Good	<ul style="list-style-type: none"> <li>• Evidence of participation in local departmental teaching, for example through development log entries.</li> <li>• Evidence of feedback on teaching and learning events delivered by the trainee with reflection and goal setting for development of teaching skills.</li> </ul>
Excellent	<ul style="list-style-type: none"> <li>• Evidence of participation in regional or national education or training delivery.</li> <li>• Participation in formal teacher training programme.</li> <li>• Quality improvement activity in the area of education.</li> <li>• Evidence of reflection providing pastoral support to a junior colleague or allied health professional</li> </ul>

# SLO10: Participate in research and managing data appropriately

## Key capabilities

1. ...able to appraise, synthesise, communicate and use research evidence

Below expectations	<ul style="list-style-type: none"><li>• Little or no evidence of participation in research or evidence appraisal/ synthesis</li></ul>
Satisfactory/Good	<ul style="list-style-type: none"><li>• Presentation at journal club with feedback</li><li>• Evidence of critical appraisal and evidence synthesis in ePortfolio</li></ul>
Excellent	<ul style="list-style-type: none"><li>• ePortfolio populated with high quality evidence of development as a critical appraiser, including communication of findings to patients/ colleagues.</li><li>• Presentation of research findings at regional/ national/ international meetings. Peer reviewed papers. Higher degree.</li></ul>

# SLO11: Participate in and promote activity to improve the quality and safety of patient care

## Key capability

1. ...able to describe their involvement and show an understanding of QI methods and reflect on a Quality Improvement Project they have been involved in

Below expectations	<ul style="list-style-type: none"> <li>• Minimal evidence of quality improvement work.</li> <li>• Little perseverance or insight into challenges to change management</li> </ul>
Satisfactory/Good	<ul style="list-style-type: none"> <li>• Evidence of a QI project that the trainee has participated in.</li> <li>• Evidence that the team has been multi-disciplinary and there is satisfactory account of the QI methods and reflection on the conduct of the project.</li> </ul>
Excellent	<ul style="list-style-type: none"> <li>• High quality QI project leading to significant improvement in clinical care</li> <li>• Presentation of QI project at regional or national meeting</li> <li>• Evidence of innovation/ QI team leadership/ perseverance in making change</li> </ul>

# SLO12: Manage, administer and lead

## Key capability

1. ...have experience of handling a complaint or preparing a report, and be aware of the relevant medico-legal directives

Below expectations	<ul style="list-style-type: none"> <li>• Inadequate or unsatisfactory interaction with the management portfolio</li> <li>• No or little evidence of constructive use of EDT time</li> </ul>
Satisfactory/Good	<ul style="list-style-type: none"> <li>• Satisfactory interaction with the management portfolio. At least one element in each year of training completed to standard and four complete by the end of training.</li> </ul>
Excellent	<ul style="list-style-type: none"> <li>• Handling of complex episodes, e.g. serious incidents, complaints with maturity.</li> <li>• Evidence of effective proactivity in self-development as a leader.</li> </ul>

# SLO9: Support, supervise and educate

## Key capabilities

1. ...able to undertake training and supervision of members of the ED team in the clinical environment
2. ...able to prepare and deliver teaching sessions outside of the clinical environment; including simulation, small-group work and didactic teaching
3. ...able to provide effective constructive feedback to colleagues, including debrief
4. ...understand the principles necessary to mentor and appraise junior doctors

Below expectations	<ul style="list-style-type: none"> <li>• Minimal evidence of participation in the modalities of teaching required.</li> <li>• Evidence of teaching skills needing further development or unwillingness to teach (MSF, mini-CEX, trainers report).</li> <li>• Minimal evidence of preparation for role as a mentor/ supervisor</li> </ul>
Satisfactory/Good	<ul style="list-style-type: none"> <li>• Evidence of participation in local departmental teaching, for example through development log entries.</li> <li>• Evidence of feedback on teaching and learning events delivered by the trainee with reflection and goal setting for development of teaching skills.</li> </ul>
Excellent	<ul style="list-style-type: none"> <li>• Evidence of participation in regional or national education or training delivery.</li> <li>• Participation in formal teacher training programme.</li> <li>• Quality improvement activity in the area of education.</li> <li>• Evidence of reflection of providing pastoral support to junior colleague or allied health professional</li> </ul>

# SLO10: Participate in research and managing data appropriately

## Key capabilities

1. ...able to appraise, synthesise, communicate and use research evidence to develop EM care
2. ...able to participate in research

Below expectations	<ul style="list-style-type: none"> <li>• Little or no evidence of participation in research or evidence appraisal/ synthesis</li> </ul>
Satisfactory/Good	<p>Evidence of reasonable engagement with CLA eg</p> <ul style="list-style-type: none"> <li>• Presentation at journal club with feedback in each year of training</li> <li>• Evidence of critical appraisal and evidence synthesis in ePortfolio in each year of training</li> <li>• Good Clinical Practice Training up to date by end of training</li> <li>• Evidence of training or learning on consent/ recruiting patients/ conduct of research within the ED by end of training</li> </ul>
Excellent	<ul style="list-style-type: none"> <li>• ePortfolio populated with high quality evidence of development as a critical appraiser, including communication of findings to patients/ colleagues.</li> <li>• Presentation of research findings at regional/ national/ international meetings. Peer reviewed papers. Higher degree.</li> </ul>

# SLO11: Participate in and promote activity to improve the quality and safety of patient care

## Key capabilities

1. ...able to provide clinical leadership on effective Quality Improvement work
2. ...able to support and develop a culture of departmental safety and good clinical governance

Below expectations	<ul style="list-style-type: none"> <li>• Minimal evidence of quality improvement work.</li> <li>• Little perseverance or insight into challenges to change management</li> </ul>
Satisfactory/Good	<ul style="list-style-type: none"> <li>• Evidence of a QI project that the trainee has led on.</li> <li>• Evidence that the team has been multi-disciplinary and there is satisfactory account of the QI methods and reflection on the conduct of the project.</li> <li>• Evidence of sharing of the results in a meeting with feedback on the effectiveness of communication</li> </ul>
Excellent	<ul style="list-style-type: none"> <li>• High quality QI project leading to significant improvement in clinical care</li> <li>• Presentation of QI project at regional or national meeting</li> <li>• Evidence of innovation/ QI team leadership/ perseverance in making change</li> </ul>



# SLO12: Manage, administer and lead

## Key capabilities

1. ...able to manage a complaint, preparing a report, and be aware of the relevant medico-legal directives (elements not completed in intermediate)
2. ...able to investigate a critical incident, participate and contribute effectively to department clinical governance activities and risk reduction projects
3. ...able to manage the staff rota, being aware of relevant employment law and recruitment activities including interviews and involvement in induction
4. ...able to effectively represent the ED at inter specialty meetings

Below expectations	<ul style="list-style-type: none"> <li>• Inadequate or unsatisfactory interaction with the management portfolio</li> <li>• No or little evidence of constructive use of EDT time</li> </ul>
Satisfactory/Good	<ul style="list-style-type: none"> <li>• Satisfactory interaction with the management portfolio. At least one element in each year of training completed to standard and four complete by the end of training.</li> <li>• Evidence of effective personal contribution to departmental meetings with feedback reflected upon.</li> </ul>
Excellent	<ul style="list-style-type: none"> <li>• Handling of complex episodes, e.g. serious incidents, complaints with maturity.</li> <li>• Evidence of effective proactivity in self-development as a leader.</li> </ul>