

Tropical Medicine (dual CCT with General Internal Medicine/Internal Medicine stage 2) 2022 ARCP Decision Aid

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year for a trainee on a dual CCT programme in Tropical Medicine and Internal Medicine. This document should be used to review the Infectious Diseases requirements. 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 www.jrcptb.org.uk/training-certification/arcp-decision-aids

Evidence / requirement	Notes	CIT year 1 (ST4)	CIT year 2 (ST5)	HIT year 1 (ST6)	HIT year 2 (ST7)	HIT year 3 (ST8)
Educational supervisor (ES) report	Covers the entire training year since last ARCP (up to the date of the current ARCP). It is recommended that the educational supervisor report is completed by a trainer with a CCT in that specialty	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 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	ES to confirm trainee meets expectations for completion of training
Specialty capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must	ES to confirm trainee is performing at or	ES to confirm trainee is performing at or	ES to confirm trainee is performing at or	ES to confirm trainee is performing at or	ES to confirm level 4 in all CiPs by end of training

Evidence / requirement	Notes	CIT year 1 (ST4)	CIT year 2 (ST5)	HIT year 1 (ST6)	HIT year 2 (ST7)	HIT year 3 (ST8)
	complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each CiP	above the level expected for all CiPs	above the level expected for all CiPs	above the level expected for all CiPs	above the level expected for all CiPs	
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 complete an MCR for their own trainee	4	4	4	4	4
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	1	1	1	1	1

Evidence / requirement	Notes	CIT year 1 (ST4)	CIT year 2 (ST5)	HIT year 1 (ST6)	HIT year 2 (ST7)	HIT year 3 (ST8)
<p>Acute Care Assessment Tool (ACAT) / Case-based discussion (CbD)</p> <p>mini-clinical evaluation exercise (mini-CEX)</p> <p>Evaluation of clinical/management events (ECE)</p>	<p>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</p>	6 per year using each tool at least once	6 per year using each tool at least once	6 per year using each tool at least once	6 per year using each tool at least once	6 per year using each tool at least once
Direct Observation of Procedural Skills (DOPS)	<p>An indicative minimum number to be carried out. Trainees are encouraged to undertake more and supervisors may require additional if concerns are identified. Feedback should be given</p>	6 laboratory based DOPS demonstrating competence by end of CIT				
Combined Infection Certificate	The CICE/FRCPath Part 1 examination must be			Attempt		Pass

Evidence / requirement	Notes	CIT year 1 (ST4)	CIT year 2 (ST5)	HIT year 1 (ST6)	HIT year 2 (ST7)	HIT year 3 (ST8)
Examination (CICE)/ FRCPath Part 1	passed by CCT. It is recommended that the exam is attempted by first year of HIT					
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	Evidence of participation in 2 QI projects by end of CIT		Demonstrating leadership in QI activity (eg supervising another healthcare professional)		
Patient Survey (PS)		Satisfactory 1x PS completed during CIT		Satisfactory 1x PS completed in HIT		
Advanced life support (ALS)		Valid	Valid	Valid	Valid	Valid
Teaching				Evidence of participation in teaching with evaluation		
Tropical Medicine specific requirements	Mandatory	Evidence of completion of the following by completion of training: <ul style="list-style-type: none"> • An indicative 12 months of tropical medicine training in a UK approved tropical medicine setting • An approved tropical medicine course, such as a Diploma in Tropical Medicine & Hygiene (DTM&H) • An indicative 12 months working as a clinician in a resource poor tropical setting. 				

Grid of levels expected for Tropical Medicine specialty capabilities in practice (CiPs) in a dual CCT programme in Internal Medicine Levels to be achieved by the end of each training year 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

		Combined Infection Training		Tropical Medicine/ Internal Medicine		
		CIT year 1	CIT year 2	HIT year 3	HIT year 4	HIT year 5
1.	Able to provide clinical leadership and support to the laboratory.	2	2	2	2	2
2.	Able to use the laboratory service effectively in the investigation, diagnosis and management of infection.	2	2	3	3	4
3.	Able to advise on infection prevention, control and immunisation.	2	2	3	3	4
4.	Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis.	2	3	3	3	4
5.	Able to lead and advise on treatment with and stewardship of antimicrobials.	2	3	3	3	4
6.	Providing continuity of care to inpatients and outpatients with suspected or proven infection.	2	3	3	3	4
7.	Able to manage and advise on imported infections	2	2	2	3	4
8.	Able to deliver equitable and high quality care in resource poor settings	1	1	2	2	4