

Cardiology 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. 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/arcpc-decision-aids>

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
Educational supervisor (ES) report	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 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 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 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)	Each MCR is completed by a consultant who has supervised the trainee's clinical work. At least one each from IM and Cardiology each year. The ES should not	4-6	4-6	4-6	4-6	4-6

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
	complete an MCR for their own trainee					
Multi-source feedback (MSF)	Indicative minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical). Should include feedback from both Cardiology and IM. 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	
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	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	3 ACATs (Acute Medical or Cardiac take)	3 ACATs (Acute Medical or Cardiac take)	3 ACATs (Acute Medical or Cardiac take)	2 ACATs (Acute Medical or Cardiac take)	2 ACATs (Acute Medical or Cardiac take)

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
	for comment on the management of individual cases					
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	Indicative minimum number to be carried out by consultants. Covering both IM and Cardiology. 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	5CbD or mini-CEX	5 CbD or mini-CEX	5 CbD or mini-CEX	5 CbD or mini-CEX	5 CbD or mini-CEX
Direct Observation of Procedural Skills (DOPS)	See table of procedures below	4-6	4-6	4-6	4-6	4-6
European Examination in General Cardiology (EEGC)						Passed
Advanced life support (ALS)		Valid	Valid	Valid	Valid	Valid
Radiation Protection Certificate		Valid	Valid	Valid	Valid	Valid

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
Core echocardiography	BSE accreditation or completion of Transthoracic Echo curriculum tool			Completed		
Patient Survey (PS)				1		1
Quality improvement (QI) and audit	Project to be assessed with quality improvement project tool (QIPAT). Generic skills therefore undertake in Cardiology or IM.			1 completed Audit or Quality Improvement Project		2nd completed Audit or Quality Improvement Project
Teaching skills	To be assessed with Teaching Observation (TO) tool	Evidence of participation in teaching with evaluation (TO)	Evidence of participation in teaching	Evidence of participation in teaching	Evidence of participation in teaching	Evidence of participation in teaching with evaluation (TO)

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.

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), although do need to evidence maintenance of skills (for instance by a logbook or reflection as well as further DOPS) for temporary pacing and pericardiocentesis.

Procedures to be maintained as competent to perform unsupervised throughout training:

- Central Venous line insertion
- Arterial Line insertion
- DCCV

Core Procedures – minimum level of competence expected at ARCP

Procedure	ST4	ST5	ST6	ST7	ST8
Minimum level required					
Transthoracic echo	Able to perform under direct supervision	Able to perform with limited supervision	Competent to perform unsupervised ¹	Maintain	Maintain
Temporary pacing wire	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under limited supervision	Competent to perform unsupervised ²	Maintain
Permanent Pacemaker*	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision
Diagnostic Angiography**	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision	Able to perform under direct supervision
Pericardiocentesis	Able to perform under direct supervision/Skills lab certified	Able to perform under direct supervision/Skills lab certified	Able to perform under direct supervision/Skills lab certified	Able to perform under limited supervision	Competent to perform unsupervised ³
Emergency device interrogation	Able to perform under direct supervision/Skills lab certified	Able to perform under direct supervision	Competent to perform unsupervised	Maintain	Maintain

Special Considerations for Advanced Training:

*Permanent pacemaker, competent to perform unsupervised required to enter year 4 if in advanced arrhythmia training

**Diagnostic Angiography, competent to perform unsupervised required to enter year 4 if in advanced coronary intervention training.

Explanatory notes:

1 – completed transthoracic echo delivery tool with six level five DOPS or completed BSE accreditation

2 - completed at least six DOPS in temporary pacing with three at level 5 (not within simulation lab) of which one must be within the final two years of training

3 - completed at least four pericardiocentesis DOPS of which at least one is level 5 (not within simulation lab) and one has to be completed in final two years of training

Levels to be achieved by the end of each training year and at critical progression points for specialty CiPs

Table 2: Outline grid of levels expected for Cardiology specialty capabilities in practice (CiPs)

Specialty CiP	ST4	ST5	ST6	ST7	ST8	CRITICAL PROGRESSION POINT
1. Coronary disease and Intervention: Manage coronary artery disease and associated conditions	2	2	3	3	4	
2. Imaging: Management of valvular heart disease, aortopathy and cardiac tumours	2	2	3	3	4	
3. Electrophysiology and Devices: Management of cardiac arrhythmias and cardiac implantable electronic devices	2	2	3	3	4	
4. Adult Congenital Heart Disease: Management of adult congenital heart disease and heart disease in pregnancy	2	2	3	3	4	
5. Heart Failure: Managing disorders of the heart muscle, pericardium and pulmonary vasculature	2	2	3	3	4	
Advanced theme CiP	N/A	N/A	2	2	4	

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

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