JRCPTB

Joint Royal Colleges of Physicians Training Board

Gastroenterology 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	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)	Indicative minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not	4-6	4-6	4-6	4-6

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	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). 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	2	2	2	2

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	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. 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	6	6	6	6
Direct Observation of Procedural Skills (DOPS)	See table of procedures below	2	2	2	2
SCE	Can be attempted in ST4 onwards, must be achieved for attainment of CCT	Opportunity to attempt at this stage	Should 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
Patient Survey (PS)			Satisfactory		Satisfactory

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT), assessed by the educational supervisor	Evidence of participation in audit/QIP.	Evidence of completion of an audit/QIP	Evidence of completion of an audit/QIP	Evidence of completion of an audit/QIP
Teaching attendance	An indicative minimum hours per training year. To be specified at induction	Attendance at 50% of training days or equivalent	Attendance at 50% of training days or equivalent	Attendance at 50% of training days or equivalent	Attendance at 50% of training days or equivalent

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.

Practical procedure	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Large-volume paracentesis	Competent with limited supervision	Competent	Maintaining competence	Maintaining competence

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).

Endoscopy: Ten formative DOPS in all procedures being practiced each year (since all procedures will be directly supervised this is easily accomplished). Summative DOPS for JAG accreditation can be taken when appropriate. Other procedures should be assessed by a total of two DOPS annually.

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Levels to be achieved by the end of each training year and at critical progression points for specialty CiPs
Outline grid of levels expected for Gastroenterology clinical capabilities in practice (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

Clinical CiP	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
1. Managing care of gastroenterology and hepatology inpatients	3	3	3	4	
2. Managing care of gastroenterology and hepatology outpatients	2	3	3	4	
3. Managing care of patients with complex disease across multiple care settings	3	3	3	4	
4. Managing care pathways for patients with suspected and confirmed malignancy	2	2	3	4	
5. The ability to practice diagnostic and therapeutic UGI endoscopy and other practical skills	2	3	3	4	
6. Contributing to the prevention of GI and liver disease	2	2	3	4	
7a. Managing complex problems in luminal gastroenterology	2	2	3	4	
7b. Managing complex problems in hepatology	2	2	3	4	

Critical Progression Points
End ST5 Diagnostic UGI endoscopy sign-off
End ST7 Specialty certificate Examination (ESEGH)