

Sport and Exercise Medicine ARCP Decision Aid

The Sport and Exercise Medicine ARCP decision aid documents the targets to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website.

Evidence / requirement	Notes	SEM ST3	SEM ST4	SEM ST5	SEM ST6
Educational supervisor (ES) report	One per year to cover the training year since last ARCP (up to the date of the current ARCP). NB if more than one post needs one ES report per post.	Confirms meeting or exceeding expectations and no concerns. If a trainee is considered as potentially meeting the criteria for being exceptional then this should be highlighted within the report.	Confirms meeting or exceeding expectations and no concerns.	Confirms meeting or exceeding expectations and no concerns.	Confirms meeting or exceeding expectations and no concerns.
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework. 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 all generic CiPs.
Speciality 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 individual speciality CiP and overall global rating of progression.	ES to confirm trainee is performing at or above the level expected for all speciality CiPs.	ES to confirm trainee is performing at or above the level expected for all speciality CiPs.	ES to confirm trainee is performing at or above the level expected for all speciality CiPs.	ES to confirm trainee meets all speciality CiPs.

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Multiple consultant report (MCR)	Minimum number 3 clinicians to complete including minimum 1 SEM consultant. Each MCR is completed by a consultant who has supervised the trainee's clinical work. If 3 SEM consultants are not available then other relevant speciality consultants or other senior HCPs may complete the MCR if they have regularly supervised the trainee's work. The ES should not complete an MCR for their own trainee.	1 x MCR (completed by minimum 3 clinicians including 1 SEM consultant).	1 x MCR (completed by minimum 3 clinicians including 1 SEM consultant).	1 x MCR (completed by minimum 3 clinicians including 1 SEM consultant).	1 x MCR (completed by minimum 3 clinicians including 1 SEM consultant).
Multi-source feedback (MSF)	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. There should be evidence of development points from each MSF and reflection on how these have progressed each year.	1	1	1	1

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Patient survey (PS)	Minimum response 20 patients. PS 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 PS. There should be evidence of development points from each PS and reflection on how these have progressed each year.	1	1	1	1
Membership Exam of the Faculty of Sport and Exercise Medicine			Recommended to have passed Part 1	Recommended to have passed Part 1 and Part 2	Passed Part 1 and Part 2
Advanced life support (ALS)		Valid	Valid	Valid	Valid
Level 3 Pitchside Trauma Course			Valid	Valid	Valid
Safeguarding	Level 3 for children and young people, and adults	Valid	Valid	Valid	Valid

Evidence / requirement	Notes	SEM ST3	SEM ST4	SEM ST5	SEM ST6
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	Formative and summative assessments, aligned to the level indicators for generic and specialty CiPs and to the trainee's PDP. Should also encompass reviews of patient correspondence and assessment of performance over whole clinics and their associated administration. Structured feedback should be given and reflected on by the trainee. Where an SLE outcome is 'below the level expected' further SLEs should be undertaken to show an attempt to progress in this area. SLEs must be undertaken throughout the training year and by a range of assessors, including supervisory consultants. There is no minimum number of SLEs. Instead, sufficient should be undertaken to demonstrate the above criteria.	Sufficient number of formative and summative SLEs undertaken throughout the training year to demonstrate performance at the target level descriptors for generic and speciality CiPs and accompanied by trainee reflection.	Sufficient number of formative and summative SLEs undertaken throughout the training year to demonstrate performance at the target level descriptors for generic and speciality CiPs and accompanied by trainee reflection.	Sufficient number of formative and summative SLEs undertaken throughout the training year to demonstrate performance at the target level descriptors for generic and speciality CiPs and accompanied by trainee reflection. Must include assessment of performance over a whole clinic and its associated administration.	Sufficient number of formative and summative SLEs undertaken throughout the training year to demonstrate performance at the target level descriptors for generic and speciality CiPs and accompanied by trainee reflection. Must include assessment of performance over a whole clinic and its associated administration.
Audit and/or Quality improvement (QI) project	Audit or QI project plan and report completed. QI project to be assessed with quality project tool (QIPAT).	Participating in QI activity (eg project plan or audit).	1 project completed with QIPAT or audit loop closed (including re-audit) and presentation of results.	Demonstrating leadership in QI activity; eg supervising another HCP, novel project development	Demonstrating leadership in QI activity, includes on-going evaluation and reflection on impact.

Evidence / requirement	Notes	SEM ST3	SEM ST4	SEM ST5	SEM ST6
Clinical activity: MSK clinics	See curriculum for definition of clinics and educational objectives. SLEs to be used to give structured feedback with evidence of reflection and engagement in formative learning. Includes general adult, adolescent and paediatric MSK clinics.	Indicative minimum 1 general adult MSK clinic per week for 18 months of ST3 and ST4 training period. Other clinics as required to align to development of the target level descriptors for speciality CiPs.	Indicative minimum 1 general adult MSK clinic per week for 18 months of ST3 and ST4 training period. Other clinics as required to align to development of the target level descriptors for speciality CiPs.	Indicative minimum 2 general adult MSK clinics per week for whole training year. Other clinics as required to align to development of the target level descriptors for speciality CiPs.	Indicative minimum 2 general adult MSK clinics per week for whole training year. Other clinics as required to align to development of the target level descriptors for speciality CiPs.
Clinical activity: Team & event medicine	See curriculum for definition of clinics and educational objectives. Mini CEX / CbD to be used to give structured feedback.		UKAD anti doping advisor accreditation.	Longitudinal sport or institute attachment during ST5 or ST6. Indicative minimum time 1 day/week for 6 months. Valid UKAD anti-doping advisor accreditation.	Longitudinal sport or institute attachment during ST5 or ST6. Indicative minimum time 1 day/week for 6 months. Valid UKAD anti-doping advisor accreditation.
Teaching attendance	Summary of teaching attendance and reflection on learning to be recorded in ePortfolio.	Minimum 75% attendance at local/regional teaching. Minimum 75% attendance at national training days. Evidence of reflection.	Minimum 75% attendance at local/regional teaching. Minimum 75% attendance at national training days. Evidence of reflection	Minimum 75% attendance at local/regional teaching. Minimum 75% attendance at national training days. Evidence of reflection.	Minimum 75% attendance at local/regional teaching. Minimum 75% attendance at national training days. Evidence of reflection.

Evidence / requirement	Notes	SEM ST3	SEM ST4	SEM ST5	SEM ST6
Teaching and supervision skills	Teaching observation, training courses, clinical supervisor training.	Evidence of participation in teaching of medical students, junior doctors and other AHPs in clinical and non clinical settings. Evidence may include; teaching observations, participant feedback, attendance at teaching courses, qualification in medical education.	Evidence of participation in teaching of medical students, junior doctors and other AHPs in clinical and non clinical settings. Evidence may include; teaching observations, participant feedback, attendance at teaching courses, qualification in medical education.	Evidence of participation in teaching of medical students, junior doctors and other AHPs in clinical and non clinical settings. Evidence may include; teaching observations, participant feedback, attendance at teaching courses, qualification in medical education. Completion of clinical supervisor training.	Evidence of participation in teaching of medical students, junior doctors and other AHPs in clinical and non clinical settings. Evidence may include; teaching observations, participant feedback, attendance at teaching courses, qualification in medical education. Evidence of CS role; this might include examples of SLE's completed and reflection on supervision experiences.
Research	Research, critical appraisal and evidence based practice.		Evidence of critical thinking related to clinical questions. Evidence might include; research proposal, formal written work, participation within an existing research group, literature review as background to QUIP and audit projects.	Evidence of developing research awareness and competence. Evidence might include; research proposal, participation in research group/study, literature review, presentation at research meeting. Completion of 'Good Clinical Practice' module.	Evidence of further developing research awareness and competence. Evidence might include; research proposal, participation in research group/study, literature review, presentation at research meetings.

Evidence / requirement	Notes	SEM ST3	SEM ST4	SEM ST5	SEM ST6
Management, leadership and service development		Participation and awareness of management structure and function within the NHS and leadership principles. Evidence of own working in MDTs and on projects; this may include reflection on PS, MSF, MCR, other SLEs, QUIPS and audit.	Developing participation and awareness of management and leadership principles. Evidence of own working in MDTs and on projects; this may include reflection on PS, MSF, MCR, other SLEs, QUIPS and audit. Reflection should demonstrate progression of awareness and ability from ST3.	Lead at least one project/initiative. Evidence of understanding of managerial structures in NHS and non NHS settings. Continued reflection of progression of leadership ability from ST4 including on SLEs, PS, MSF, MCR, QUIPS and audit. Reflection should demonstrate progression of awareness and ability from ST4. Completion of leadership and management course.	Lead at least one project/initiative. Evidence of leadership in NHS, non NHS, clinical and non clinical settings. This may include; reflective portfolio demonstration progression of awareness and ability from ST5, PS, MSF, MCR, other SLEs, QUIPS and audit.

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.

Procedure	ST3	ST4	ST5	ST6
Musculoskeletal US		Observe only	Able to perform the procedure under direct supervision	Able to perform the procedure under direct supervision
Landmark joint injections of all large joints			Competent to perform the procedure unsupervised	Maintain
Landmark soft tissue injections			Competent to perform the procedure unsupervised	Maintain
Cardiopulmonary exercise testing and interpretation				Competent to perform the procedure unsupervised
Respiratory function testing and interpretation, including EVH testing				Competent to perform the procedure unsupervised

Levels to be achieved by the end of each training year speciality CiPs

Level descriptors

Level 1: Entrusted to observe only – no provision of clinical care

Level 2: Entrusted to act with direct supervision

Level 3: Entrusted to act with indirect supervision

Level 4: Entrusted to act unsupervised

Speciality CiPs	ST3	ST4	ST5	ST6
1. Leading and managing a multi-disciplinary team.	2	2	3	4
2. Ability to develop, lead and deliver a comprehensive musculoskeletal service that spans community and hospital settings for adults.	2	3	3	4
3. Ability to develop, lead and deliver a comprehensive musculoskeletal service that spans community and hospital settings for adolescents and school aged children.	2	2	3	4
4. Ability to deliver exercise medicine services for adults, encompassing both prevention and management of chronic disease.	2	2	3	4
5. Ability to deliver exercise medicine services for adolescents and school aged children, encompassing both prevention and management of chronic disease.	2	2	3	4
6. The ability to promote and support population health through physical activity.	2	3	3	4
7. Delivering effective resuscitation and early management of the acutely injured or unwell patient in the pre-hospital and hospital environments, including sports related mild traumatic brain injury.	2	3	3	4