Medical Oncology ARCP Decision Aid – *August 2014*

The table that follows includes a column for each training year which documents the targets that have to be achieved for a satisfactory ARCP outcome at the end of the training year. This document replaces previous versions from August 2014.

		ST3	ST4	ST5 (=PYA)	ST6 (=CCT)
Examinations				Specialist Exam attempted/passed	Specialist Exam Passed in order to obtain CCT
SLEs*	mini- CEX	4 satisfactorily completed With emphasis upon clinical patient assessment 1 in a common cancer, and 1 for a new patient	4 satisfactorily completed With emphasis upon using clinical patient assessment for consequent management decisions, including 1 in a common or intermediate cancer, and 1 planning a treatment programme for a newly referred patient	4 satisfactorily completed With emphasis upon patient management decisions, including 1 in an intermediate or rare cancer	4 satisfactorily completed With emphasis upon more complex patient management decisions, including 1 in an intermediate or rare cancer 1 receiving either a) a multi-modality management package of care e.g. neoadjuvant treatment, or b) a combined chemotherapy and radiotherapy package of care
	CbD	4 satisfactorily completed With emphasis upon new patient assessment including 1 for a new patient with a common cancer, and 1 in an acute presentation ofcancer or a treatment complication These should be different cases from the mini-CEXs	4 satisfactorily completed with emphasis upon more complex decisions: including 1 for a patient in transition from active treatment to supportive or palliative care 1 for a patient requiring dose or supportive care modification but continuing systemic treatment	4satisfactorily completed with emphasis upon more complex communication; 1 for a patient when consenting and planning management within a clinical trial 1 for a patient at the transition from treatment to follow-up in Remission	4 satisfactorily completed 1 for a patient when planning systemic treatment for disease recurrence 1 patient requiring customised chemotherapy treatment at the point of initiation due to comorbidity or abnormal end organ function

		ST3	ST4	ST5 (=PYA)	ST6 (=CCT)
			This should be different cases from the mini-CEXs	These should be different cases from the mini-CEXs	These should be different cases from the mini-CEXs
MSF		satisfactorily completed <u>with</u> documented discussion in educational supervisors report		satisfactorily completed <u>with</u> documented discussion in educational supervisors report	
Teaching observation		1 satisfactorily completed teaching evaluation	Portfolio evidence of delivery of teaching or medical undergraduates, junior doctors or other healthcare professionals	1 satisfactorily completed teaching evaluation 1 completed assessment of the learning of a student (e.g. examining)	Portfolio evidence of contribution in leadership capacity to teaching or undergraduates, junior doctors or other healthcare professionals
Audit		1 audit satisfactorily completed as a participant	1 audit satisfactorily completed as a participant, with involvement in design, implementation, analysis and presentation of results and recommendations, and where the audit loop is being completed and guidelines generated/modified	1 audit initiated and led	audit initiated and led where the audit loop is being completed and existing guidelines modified
Patient	Survey		1 satisfactorily completed		1 satisfactorily completed
Evider experie Rese proc	ence of earch	GCP training completed satisfactorily Contributing to clinical trial recruitment and management	As ST3	As ST3	As ST3
Chemot prescr		Supervisors report documenting of Level 1, 2 & 3 competence in chemotherapy prescribing, and level 4 competence in site specific areas studied, within the RCP	Supervisors report documenting of level 4 competence in each further area of site specific training completed, chemotherapy prescribing, within the RCP	Supervisors report documenting of level 4 competence in chemotherapy prescribing in each further area of site specific training completed, within the RCP	Supervisors report documenting of level 4 competence in chemotherapy prescribing in each further area of site specific training, within the RCP framework

	ST3	ST4	ST5 (=PYA)	ST6 (=CCT)
	framework	framework	framework	Supervisors report documenting level 5 competence in chemotherapy prescribing, within the RCP framework
Medical Leadership and Management	Portfolio evidence of contribution to arranging on-call rotas, teaching sessions, journal clubs or similar	Evidence of booking, planning and leading individual case discussions in MDT meetings	Evidence of leading MDT, Evidence of involvement in induction of junior doctors Evidence of planning/course bookings to receive management training at local level (e.g. deanery, trust)	Evidence of contribution to management meetings alongside consultant colleagues. Evidence of involvement in medical recruitment process Portfolio evidence of completed management training at local level (e.g. deanery, trust)
Educational Supervisor's Report	Satisfactory – to include summary of MCR and any actions resulting	Satisfactory – to include summary of MCR and any actions resulting	Satisfactory – to include summary of MCR and any actions resulting	Satisfactory – to include summary of MCR and any actions resulting
Multiple Consultant reports	4-6	4-6	4-6	4-6

^{*}Supervised learning events (SLEs) should be performed proportionately throughout each training year by a number of different assessors across the breadth of the curriculum with structured feedback and action plans to aid the trainee's personal development