

Haematology ARCP decision aid ST3 ST4 ST5 Updated November 2023

Evidence/requirement	Notes	ST3 (Indicative Year 1)	ST4 (Indicative Year 2)	ST5 (Indicative Year 3)
Educational supervisor (ES) report	Minimum of one per year to cover the training year since last ARCP (up to the date of the current ARCP) Less than full time trainees require an annual ARCP with an ES report. Those not at the end of a training year should demonstrate satisfactory progression towards end of training year targets.	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)	ES report will confirm entrustment level for each generic CiP. Trainees should record self-rating to facilitate discussion with ES. (See CIP grid below)	ES to confirm trainee meets expectations for level of training Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will result in non standard ARCP outcome	ES to confirm trainee meets expectations for level of training Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will result in non standard ARCP outcome	ES to confirm trainee meets expectations for level of training Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will result in non standard ARCP outcome
Clinical capabilities in practice (CiPs)	ES report will confirm entrustment level for each individual CiP and overall global rating of progression See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES.	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will result in non standard ARCP outcome	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will result in non standard ARCP outcome	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will

				result in non standard ARCP outcome
Multiple consultant report (MCR)	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	2	2	2
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff	1	1	1
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (Mini-CEX)	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 should be reflected on by the trainee	Minimum of 6 satisfactory To include: 1 safe prescribing 1 emergency out of hours situation 2 where the laboratory is the primary focus	Minimum of 6 satisfactory To include: 1 emergency out of hours situation 2 where the laboratory is the primary focus 1 consent	Minimum of 6 satisfactory To include: 1 Breaking bad news/difficult clinical conversation 2 where the laboratory is the primary focus
Clinical and laboratory activity	Active involvement in the care of patients presenting with haematological problems is defined as having sufficient input for the trainee's involvement to be recorded in the patient's	Evidence of completion of laboratory induction course Evidence of competency prescribing chemotherapy Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post	Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes 	Evidence of transfusion training undertaken during ST3-ST5 Competent in chemotherapy prescribing by end of ST5 (SLE or certificate)

	clinical notes or laboratory records	<ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes • Clinical and educational supervisors reports 	<ul style="list-style-type: none"> • Clinical and educational supervisors reports 	<p>Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post</p> <ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes • Clinical and educational supervisors reports
FRCPATH (UK)	Failure to pass full FRCPATH by the end of ST7 will result in a non-standard ARCP outcome	-	-	Passed part 1 FRCPATH Failure to pass part 1 by the end of ST5 will result in a non-standard ARCP outcome
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)		1 project completed during ST3 or ST4 where trainee can demonstrate they lead the project, with QIPAT or audit assessment ticket and presentation/ evidence uploaded to personal library	
Teaching attendance	Minimum hours per training year. To be specified at induction Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery - attendance and total hours documented in portfolio	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery - attendance and total hours documented in portfolio	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery - attendance and total hours documented in portfolio

Practical Procedures** - Bone marrow aspiration and trephine - Administration of intrathecal chemotherapy	Minimum requirements	Bone marrow aspirate and trephine – 2 satisfactory DOPS (minimum competent with supervision)	Bone marrow aspiration and trephine* -2 satisfactory DOPS competent to perform independently –Administration of intrathecal chemotherapy* Competent -2 satisfactory DOPS	Maintain competency – DOPS not required – trainee responsibility to maintain competency, recommend provide evidence in ES summary or procedures list
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*DOPs to show competency in intrathecal chemotherapy and Bone marrow biopsies by the end of ST4 can have been done during ST3 or ST4 and once 2 of each have been documented as competent to perform independently no further DOPs are required.

**Failure to become independent performing these procedures at ST4 will not be a barrier to progression, but will result in additional targeted training being required with a view to the trainee becoming independent in these procedures by the end of ST5.

Haematology ARCP decision aid ST6 and ST7 Updated November 2023

Evidence/requirement	Notes	ST6 (Indicative Year 4)	ST7 (Indicative Year 5)
Educational supervisor (ES) report	Minimum of 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
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 Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will result in non standard ARCP outcome	ES to confirm trainee meets expectations for level of training Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will result in non standard ARCP outcome
Clinical 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 CiP and overall global rating of progression	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will result in non standard ARCP outcome	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs Refer to CIP grid for level to be achieved by the end of each training year. Failure to achieve level will result in non standard ARCP outcome
Multiple consultant report (MCR)	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	2	2
Multi-source feedback (MSF)	Minimum of 12 raters including 3 consultants and a mixture of other staff	1	1

Patient Survey	Minimum of 20 patients selected consecutively from outpatient clinic, ward round or day unit		1
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (Mini-CEX)	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 should be reflected on by the trainee	Minimum 6 satisfactory To include: 2 where the laboratory is the primary focus 1 emergency out of hours situation	Minimum 6 satisfactory To include: 2 where the laboratory is the primary focus
Clinical activity and laboratory	Active involvement in the care of patients presenting with haematological problems is defined as having sufficient input for the trainee's involvement to be recorded in the patient's clinical notes or laboratory records	Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes • Clinical and educational supervisors reports 	Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> • Appropriate SLEs • Reflective notes • Clinical and educational supervisors reports Evidence of satisfactory training and experience in the laboratory, transfusion, haemoglobinopathy Evidence of management experience
FRCPATH (UK)	Failure to pass full FRCPATH by the end of ST7 will result in a non-standard ARCP outcome	-	Passed FRCPATH part 2 (UK) Failure to do so will result in a non-standard ARCP outcome
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed		1 project undertaken during ST6 or 7 (different to ST4) where trainee can demonstrate that they

	with quality improvement project tool (QIPAT)		designed/ led on the project completed with QIPAT or audit assessment ticket and evidence uploaded to portfolio
Teaching attendance	Minimum hours per training year. To be specified at induction Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery -attendance and total hours documented in portfolio	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery -attendance and total hours documented in portfolio
Practical Procedures - Bone marrow aspiration and trephine - Administration of intrathecal chemotherapy	Minimum requirements	Maintain Competency Further DOPS not required – trainee responsibility to maintain competency, recommend provide evidence in ES summary or procedures list	Maintain competency Further DOPS not required – trainee responsibility to maintain competency, recommend provide evidence in ES summary or procedures list

Grid of minimum levels expected for Haematology specialty CiPs by year of training

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

Specialty CiP	Selection	Specialty training					CCT
		ST3	ST4	ST5	ST6	ST7	
Laboratory Haematology: Providing a comprehensive haematology laboratory service, including investigation, reporting and blood transfusion	CRITICAL PROGRESSION POINT	2	3	3	3	4	CRITICAL PROGRESSION POINT
Liaison Haematology: Providing safe clinical advice to colleagues on interpretation of haematology laboratory results, blood transfusion practice and haematological disorders		2	3	3	3	4	
Outpatient Haematology: Managing patients with suspected or known haematological disorders in the outpatient setting		2	2	3	3	4	
Day Unit Haematology: Managing patient in an ambulatory/day unit environment including specialist haematological treatments		2	3	3	3	4	
Inpatient Haematology: Providing continuity of care to inpatients with haematological conditions		2	3	3	3	4	
Haematological Emergencies: Managing acute haematological emergencies in all environments		3	3	3	4	4	

Managing end of life and palliative care skills		3	3	3	4	4	
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