JRCPTB

Joint Royal Colleges of Physicians Training Board

Clinical Pharmacology & Therapeutics 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. All numbers are indicative for guidance and the ARCP panel should make a holistic assessment of the trainee's progress. 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.

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Educational supervisor (ES) report	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)	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	2

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Multi-source feedback (MSF)	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 *During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context*	1 *During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context*	1 *During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context*	1 *During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context*
Supervised Learning Events (SLEs): Acute care assessment tool (ACAT) *and/or* Case-based discussion (CbD) *and/or* mini-clinical evaluation exercise (mini-CEX) *and/or* Project Based discussions (PBD)	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.	7 of which at least 3 should be PBD	7 of which at least 3 should be PBD	7 of which at least 3 should be PBD	7 of which at least 3 should be PBD
Knowledge based assessment	Formative annual KBA	Completion each year with reflection and discussion recorded with ES. This is a formative assessment and not passing the KBA on its own would not prevent a trainee from progressing			
Advanced life support (ALS)		Valid	Valid	Valid	Valid

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Patient Survey (PS)		1 satisfactory in ST4-ST5		1 satisfactory in ST6-ST7	
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	Participation in quality improvement project or audit	Participation in quality improvement project or audit	Completion of quality improvement project with satisfactory QIPAT	Portfolio of quality improvement / audit involvement. Must include at least one QIP focussed on CPT specifically
Teaching		70% attendance at regional/national CPT teaching days	70% attendance at regional/national CPT teaching days	70% attendance at regional/national CPT teaching days	70% attendance at regional/national CPT teaching days
Leadership & Management		Evidence of participation in and awareness of aspects of management relevant to CPT e.g. taking part in formulary and policy and guideline committees	Evidence of participation in and awareness of aspects of management relevant to CPT e.g. taking part in formulary and policy and guideline committees	Evidence of participation in and awareness of aspects of management relevant to CPT e.g. taking part in formulary and policy and guideline committees	Evidence of participation in and awareness of aspects of management relevant to CPT e.g. taking part in formulary and policy and guideline committees Evidence of leadership & management capability (eg completion of a management course)

Levels to be achieved by the end of each training year for Clinical Pharmacology & Therapeutics specialty 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

Specialty CiP	ST4	ST5	ST6	ST7	
1. Performing the clinical assessment, investigation and management of adverse drug reactions, medication errors and overdose at an individual and (where relevant) population level	2	2	3	4	CRITICAL PROGRESSION POINT
2. Providing specialist management of patients with complex prescribing needs, including multimorbidity, polypharmacy, adherence issues, and medication intolerance	2	2	3	4	
3. Providing analysis and expert opinion on pharmacokinetic, pharmacodynamic and pharmacogenomic factors to guide therapeutic decisions	1	2	3	4	
4. Providing evidence-based practice and contributing to the evidence base in a therapeutic area of interest	1	1	3	4	
5. Advising on the cost effective, safe and rational use of medicines on a population level	1	2	3	4	
6. Delivering effective education in clinical pharmacology, therapeutics and prescribing to promote safe and effective use of medicines across the whole workforce	2	2	3	4	
7. Providing expertise in the design and delivery of experimental medicine, and other types of clinical pharmacology & therapeutic research, including preclinical and clinical studies	1	1	3	4	