

Derogated GUM 2016 ARCP decision aid (updated 2022)

The table below sets out the targets to be achieved for satisfactory ARCP outcome at the end of each training year for the GUM 2016 curriculum with revisions for the Covid-19 pandemic. Text highlighted in yellow, represents critical progression points. This decision aid should be used in conjunction with the JRCPTB ARCP guidance available on the webpage www.jrcptb.org.uk/covid-19.

Assessment	End of ST3	End of ST4	End of ST5	End of ST6	COVID 2022 Comments
*GUM / sexual health competencies	Consistent with Level Descriptor at level 1 in GUM curriculum	Consistent with Level Descriptor at level 2 in GUM curriculum	Consistent with Level Descriptor at level 3 in GUM curriculum	Consistent with Level Descriptor at level 4 in GUM curriculum	If unable to achieve the level correlating to year of training then this can be deferred to next year of training. If unable to achieve level 4 by CCT then extension to training time required
*HIV competencies	Consistent with Level Descriptor at level 1 in GUM curriculum	Consistent with Level Descriptor at level 2 in GUM curriculum	Consistent with Level Descriptor at level 3 in GUM curriculum	Consistent with Level Descriptor at level 4 in GUM curriculum	If unable to achieve the level correlating to year of training then this can be deferred to next year of training. If unable to achieve level 4 by CCT then extension to training time required
*Medical leadership &	Consistent with Level Descriptor at level 1 in GUM curriculum	Consistent with Level Descriptor at level 2 in GUM curriculum	Consistent with Level Descriptor at level 3 in GUM curriculum	Consistent with Level Descriptor at level 4 in GUM curriculum	If unable to achieve the level correlating to year of training then this can be

Assessment	End of ST3	End of ST4	End of ST5	End of ST6	COVID 2022 Comments
management competencies	<p>Generic management and leadership competencies</p> <p>Examples include ability to prioritise personal and team work, working effectively with colleagues and to meet scheduled commitments.</p> <p>Equality and diversity training Knowledge of local governance and complaints procedures</p>	<p>Participation in, and awareness of, some aspect of management.</p> <p>Examples include responsibility for organising rotas, teaching sessions or journal clubs.</p>	<p>Awareness of managerial structures and functions within the NHS. Examples include attendance at relevant training modules, knowledge of diagnostic coding and data analysis and participation in local management meetings.</p>	<p>Understanding of managerial structures.</p> <p>Examples include reflective e-portfolio entries around relevant NHS management activities, budget & cost savings.</p>	<p>deferred to next year of training. If unable to achieve level 4 by CCT then extension to training time required</p>
*Epidemiology & public health competencies	<p>Consistent with Level Descriptor at level 1 in GUM curriculum</p>	<p>Consistent with Level Descriptor at level 2 in GUM curriculum</p>	<p>Consistent with Level Descriptor at level 3 in GUM curriculum</p>	<p>Consistent with Level Descriptor at level 4 in GUM curriculum</p>	<p>If unable to achieve the level correlating to year of training then this can be deferred to next year of training. If unable to achieve level 4 by CCT then extension to training time required</p>

Assessment	End of ST3	End of ST4	End of ST5	End of ST6	COVID 2022 Comments
Examinations (pass required to progress to next level)		Diploma in Genitourinary Medicine (Dip G-U Med)	Diploma of the Faculty of Sexual & Reproductive Healthcare (DFSRH)	Diploma in HIV Medicine (Dip HIV Med)	These 3 KBAs are Critical progression points. Can defer pass as follows: Dip GUM ST4 to ST5, DFSRH ST5 to ST6. Dip HIV will require extension to training time if not achieved in timeframe
Multi-source feedback (MSF)	Satisfactory		Satisfactory		Can be deferred to ST4 and ST6
Mini-Clinical Evaluation Exercise (Balance between GUM & HIV conditions)	6 Mini-CEX	6 Mini-CEX	6 Mini-CEX	6 Mini-CEX	Can reduce to 3 per year. Satisfactory demonstration is not critical to progression as long as previous and/or future years demonstration is satisfactory
Case based discussion (Balance between GUM & HIV conditions)	6 CBD	6 CBD	6 CBD	6 CBD	Can reduce to 3 per year. Satisfactory demonstration is not critical to progression as long as previous and/or future years demonstration is satisfactory

Assessment	End of ST3	End of ST4	End of ST5	End of ST6	COVID 2022 Comments
Direct Observation of Procedural Skills (DOPS)	3 DOPS	3 DOPS	2 DOPS		Satisfactory demonstration is not critical to progression as long as missed DOPS are accounted for in the subsequent year's ARCP
Quality Improvement projects/Audit	Participation in quality improvement project or audit	Participation in quality improvement project or audit	Completion of quality improvement project with satisfactory Quality Improvement Assessment Tool (QIPAT) or completion of audit cycle(s) with satisfactory Audit Assessment (AA)	Portfolio of quality improvement / audit involvement	Participation in QIMP and/or audit project can be deferred for 2021 ARCPs. Engagement needs to be seen for subsequent ARCP years with either QIPAT or AA completion by CCT
Educational supervisor report (ESR) and training portfolio	Satisfactory ESR– to include feedback from at least 2 Multiple Consultant Reports (MCRs)	Satisfactory ESR– to include feedback from at least 2 Multiple Consultant Reports (MCRs)	Satisfactory ESR– to include feedback from at least 2 Multiple Consultant Reports (MCRs)	Satisfactory ESR– to include feedback from at least 2 Multiple Consultant Reports (MCRs)	Satisfactory ESR required for all 2021 ARCPs. This should focus on the capabilities demonstrated by the trainee in the review period, including relevant experience during COVID-19 which might contribute to acquisition of the Generic Professional Capabilities

Assessment	End of ST3	End of ST4	End of ST5	End of ST6	COVID 2022 Comments
					(GPC) or common competencies required in the curriculum. Particularly, the ESR should state whether or not there are significant issues and whether these were present pre-COVID-19, occurred as a result of COVID-19 and/or whether COVID-19 has contributed to them. If the ES is unavailable, an alternative medical educator with knowledge of the trainee (eg Programme Director, clinical supervisor) may be able to complete the ESR.
Multiple consultant reports (MCRs)	Feedback from at least 2 consultants required. One must be from clinical supervisor	Feedback from at least 2 consultants required. One must be from clinical supervisor	Feedback from at least 2 consultants required. One must be from clinical supervisor	Feedback from at least 2 consultants required. One must be from clinical supervisor	There should be at least one report from the present clinical supervisor and if the trainee has been redeployed away from their primary specialty, the CS before redeployment. If not redeployed, one other

Assessment	End of ST3	End of ST4	End of ST5	End of ST6	COVID 2022 Comments
					GUM/HIV/RSH consultant should provide an MCR.
Teaching competencies, including Teaching Observation (TO)		Evidence of participation in teaching of medical students, junior doctors and other health care professionals	Other health care professionals Evaluated participation in teaching confirmed by satisfactory TO	Evidence of participation in evaluated teaching with delegate evaluation of that teaching	Requirement for current ST level can be deferred to the next year. TO can be deferred to ST6
HIV in-patient competencies				Achieved attachments and competencies outlined in curriculum	Extension to training time required if unable to complete by CCT
Dermatology competencies			Achieved attachments and competencies outlined in curriculum. However, if trainees are unable to perform skin biopsy or punch biopsy independently then being appraised of the technique by online video/training or by observing, without having to perform a biopsy		Can defer to ST6 if not achieved by end ST5. However, if trainees are unable to perform skin biopsy or punch biopsy independently then being appraised of the technique by online video/training or by observing, without having to perform a biopsy unsupervised should not be a barrier to CCT

Assessment	End of ST3	End of ST4	End of ST5	End of ST6	COVID 2022 Comments
			unsupervised should not be a barrier to CCT		
Gynaecology competencies		Achieved attachments and competencies outlined in curriculum			Can defer to ST5 if not achieved by end ST4
Medical microbiology competencies			Achieved attachments and competencies outlined in curriculum		Can defer to ST6 if not achieved by end ST5
Contraception competencies			Passed DFSRH	Achieved attachments and competencies outlined in curriculum including insertion of contraceptive implants	If not passed DFSRH by end ST5 and if contraceptive competencies and/or Loc SDI not achieved by end ST6, will require extension to training time
Research competencies		Evidence of critical thinking around relevant clinical questions	Evidence of developing research awareness and competence such as participation in research studies, critical reviews, presenting at relevant research meetings or	CV with evidence of research awareness and competence. Evidence might include a completed study with a peer-reviewed publication or abstract	Requirement for current ST level can be deferred to the next year. Absence of completed research CV will not be a barrier to gaining CCT

Assessment	End of ST3	End of ST4	End of ST5	End of ST6	COVID 2022 Comments
			on courses where participants assess the trainee		
GMC requirements	Satisfactory performance, including documented annual declaration of health and probity Participation in GMC training survey	Satisfactory performance, including documented annual declaration of health and probity Participation in GMC training survey	Satisfactory performance, including documented annual declaration of health and probity Participation in GMC training survey Patient feedback survey	Satisfactory performance, including documented annual declaration of health and probity Participation in GMC training survey Meets all requirements for revalidation	Evidence of participation in 2021 GMC survey is encouraged but will not be a barrier to progression. If Patient survey due in 2021, can be deferred to 2022 Will require extension to training if doesn't meet requirements for revalidation
Events giving concern	The following events occurring at any time may trigger a review of the trainee's progress and possible remedial training: Issues of professional behaviour, poor performance in WPBAs (including the MSF), issues arising from the supervisor's report, issues of patient safety, a substantiated complaint.				

*ePortfolio evidence, including supervised learning events (mini-CEX and CBDs), can be linked to GUM competencies to demonstrate engagement and exploration of the curriculum. Educational supervisor, or an alternative medical educator with knowledge of the trainee, to confirm level achieved in ES report.