

## DOPS and potentially life threatening procedures

DOPS are defined as either formative (assessment *for* learning) or summative (assessment *of* learning). They are further classified as being for routine or potentially life threatening procedures, which require a more robust and defined process of sign off.

Formative DOPS can be carried out as many times as trainees wish during training. To demonstrate competence in performing a procedure trainees require summative sign off as follows:

- Summative sign off for routine procedures to be undertaken on **one** occasion with **one** assessor to confirm clinical independence
- Summative sign off for potentially life threatening procedures to be undertaken on **two** occasions with **two** different assessors (one assessor per occasion).

Please refer to the relevant ARCP decision aid for the requirements for your speciality and level.

Potentially life threatening procedures for **CMT, AIM, GIM** and **palliative medicine** are listed below.

Core medical training (CMT)	Acute internal medicine (AIM)	General internal medicine (GIM)	Palliative Medicine
Abdominal paracentesis	Abdominal paracentesis	Abdominal paracentesis	Paracentesis
Central venous cannulation ( <i>by internal jugular, subclavian or femoral approach</i> ) with U/S guidance where appropriate	Central venous cannulation ( <i>by either internal jugular, subclavian or femoral approach</i> ) with U/S guidance where appropriate	Central venous cannulation ( <i>by internal jugular, subclavian or femoral approach</i> ) with U/S guidance where appropriate	
Intercostal drain insertion using Seldinger technique with U/S guidance ( <i>excepting pneumothorax where ultrasound guidance is not normally required</i> )	Intercostal drainage ( <i>clinical independence by PYA</i> ): 1. Pneumothorax insertion using the Seldinger technique 2. Pleural Effusion Insertion using the Seldinger technique with ultrasound guidance	Intercostal drainage ( <i>skills lab training competent by CCT</i> ): 1. Pneumothorax insertion using the Seldinger technique 2. Pleural Effusion Insertion using the Seldinger technique with ultrasound guidance	
	Temporary cardiac pacing via transvenous route		
	Sengstaken-Blakemore tube insertion		

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