

Renal Medicine ARCP Decision Aid – revised August 2017

The table that follows includes a column for each level of training 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 2017.

Assessment Level (see detailed descriptors in the curriculum)	Level 1		Level 2-3		Level 3-4	
	End ST3	End ST4	End ST5	End ST6 = PYA	End ST7	
Dual CCT ¹	End ST3		End ST4 = PYA		End ST5	
Single CCT	End ST3		End ST4 = PYA		End ST5	
<u>Core Competencies²</u> 1. Clinical Skills 2. Time management/Decisions 3. Patient focus and safety 4. Team working /Communication 5. Quality Improvement 6. Infection Control 7. Health promotion/public health 8. Ethics/confidentiality 9. Consent and Legal Framework 10. Ethical Research 11. Evidence and guidelines 12. Audit 13. Teaching and Training 14. Personal Behaviour 15. Management/NHS Structure	Evidence of engagement with core competencies to using work-place assessment tools (below). Minimum 1 audit (completed AA)		Evidence of engagement with core competencies to using work-place assessment tools (below). Shortfalls to be identified at PYA. Minimum 1 audit (completed AA) Demonstrate involvement in portfolio research (+ online NIHR training)		Focus on complex situations, decision making skills and team-leadership. Involved in management project (e.g. service delivery or development) and related Audit (AA) Management course completed.	
<u>Renal Specific: Good Clinical Care</u> 1. Common presentations 2. Advanced kidney disease management 3. Special Situations/skills 4. Leadership	Minimum of 2 of each SLE per year (mini-CEX, CbD, ACAT) to demonstrate exploration of curriculum. Educational supervisor to confirm		Minimum of 2 of each SLE per year (mini-CEX, CbD, ACAT) to demonstrate exploration of curriculum. Educational supervisor to confirm		Minimum of 2 of each SLE per year (mini-CEX, CbD, ACAT) to explore more advanced aspects of clinical care and leadership – e.g. conducting rounds	

¹ For assessment of trainees undertaking dual training the level for a given ST year will depend on education opportunity likely to reflect local deanery arrangements.

² Trainees are not required to link evidence to the common competencies marked with ^ in the ePortfolio. These competencies will have been demonstrated in Foundation training and must be practised to a high level by all specialty trainees. Any concerns raised regarding a trainee's competency in these areas should be addressed and reported in the appraisal documentation and educational supervisors' reports.

	satisfactory progress to appropriate level (see descriptors), focussing on common presentations and renal replacement	satisfactory progress to appropriate level (see descriptors) to include special situations/skills, rarer diseases. Shortfalls to be identified at PYA	and QA sessions
<u>Assessment Framework</u> ³ 1. SCE 2. MSF ⁴ 3. Educational Supervisors report 4. Multiple Consultant Supervisors report 5. ALS	Opportunity to pass Satisfactory Satisfactory (to include summary of MCR) 4-6 per year Valid	Opportunity to pass Optional Satisfactory (to include summary of MCR) 4-6 per year Valid	Passed Satisfactory Satisfactory (to include summary of MCR) 4-6 per year Valid
<u>Procedures</u> (<i>minimum</i> documentation) ⁵	Per procedure: x6 satisfactory DOPS, 3 different assessors on at least 2 occasions		

³ The completion of a patient survey, although not mandatory, is strongly advised, particularly if multiple source feedback has recommended this.

⁴ MSFs should ideally take place in the following years of training: ST3, ST5 and near the completion of CCT.

⁵ Essential: Non-tunnelled intravenous dialysis catheters. Non-essential: Renal biopsy, tunnelled intravenous dialysis catheters, non-surgical insertion of peritoneal dialysis catheters. A total of at least 6 DOPS per procedure are required during the duration of training to demonstrate progression to the level of independent practice and being able to deal with any complications.