

## Geriatric Medicine ARCP Decision Aid – November 2014

The table that follows includes a column for each training year 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 2014

Geriatric Medicine ARCP Decision Aid- standards for recognising satisfactory progress							
Curriculum domain		ST3	ST4	ST5	ST6	CCT	Comments
<b>SCE in Geriatric Medicine</b>					SCE attempted	SCE passed	
<b>ALS</b>		Valid	Valid	Valid	Valid	Valid	
<b>Supervised Learning Events (SLEs)</b>	mini - CEX	6	6	6	6	6	SLEs should be performed proportionately throughout each training year by a number of different assessors and should include structured feedback and actions plans to aid the trainees' personal development
	CbD	6	6	6	6	6	
	ACAT	1	1	1	1	1	
<b>Multi-source Feedback (MSF)</b>			1		1		Replies should be received within a 3 month time window from a minimum of 12 raters including 3 consultants and a mixture of other staff for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF(s)

<b>Patient Survey</b>					1		
<b>Audit assessment</b>		1	1	1	1	1	Feedback should be primarily about the audit
					Intermediate care or continuing care audit to be completed before PYA	At least one closed loop audit to be completed before CCT	
<b>Teaching Observation</b>					1 before PYA		
<b>Common Competencies</b>		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level 3 or 4 achieved	Evidence of engagement determined by sampling and level achieved recorded in the ES report Ten of the common competencies do not require linked evidence <sup>a</sup>
<b>Core Geriatric Medicine</b>	27 to 31	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that evidence recorded and level achieved			Evidence of engagement (to include ACATs, mini-CEXs and CbDs) required for all core geriatric medicine competencies.  Progress to be determined by sampling evidence and level achieved to be recorded in ES report
	32 to 39		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that level achieved		

	40 to 45			Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that evidence recorded and level achieved	
<b>Optional Higher level competencies</b>						Optional	<b>Advanced Stroke training should be recorded on the Stroke curriculum record on the e portfolio during the additional year of training</b>
<b>Teaching</b>	Overall teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	
	Courses		Research Methodology course attended	Effective teaching skills course attended		Management course attended	
<b>Educational Supervisor's Report</b>		Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	To cover the training year since last ARCP
<b>Multiple Consultant Report</b>		4-6	4-6	4-6	4-6	4-6	Each MCR to be completed by one clinical supervisor. Summary to be included in ES report

<sup>a</sup> The following common competencies will be repeatedly observed and assessed but do not require linked evidence in the ePortfolio:

- History taking
- Clinical examination
- Therapeutics and safe prescribing
- Time management and decision making
- Decision making and clinical reasoning
- Team Working and patient safety
- Managing long term conditions and promoting patient self-care
- Relationships with patients and communication within a consultation
- Communication with colleagues and cooperation
- Personal Behaviour

