

**Respiratory Medicine ARCP Decision Aid [5 year programme including GIM (Acute)] - minimal standards for ARCP  
(satisfactory progress) outcome**

**Core Medical Training**

	<b>RITA Month 8</b>	<b>RITA Month 16</b>	<b>RITA Month 23</b>
<b>Emergency Presentations</b>	Some experience of all	Level 1 competent in all	Level 1 competent in all
<b>Top 20 Presentations</b>	Some experience of 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence) Some experience of all	Level 1 competent in all (mini-CEX / CbD / ACAT evidence)
<b>Other Presentations</b>	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 Competent in all relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)
<b>Procedures</b>	Competent in all procedures relevant to specialties experienced so far (DOPS evidence)	Competent in all procedures relevant to specialties experienced so far <b>and</b> Competent in 1/2 of all procedures (DOPS evidence)	Competent in all procedures (DOPS evidence)
<b>Generic Competencies (Focus areas)</b>	Some experience of 1/2 of Mandatory Level 1 Competency Focus Areas (mini-CEX / CbD / ACAT evidence)	Some experience of all Level 1 areas Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in all Level 1 Competency Focus areas Some experience of 1/2 of Level 2 Competency Focus areas (mini-CEX / CbD / ACAT evidence) Satisfactory progress in MSF
<b>Examinations</b>	-	Review MRCP (UK) Part I progress	MRCP (UK) Part I
<b>ALS</b>	Valid	Valid	Valid
<b>Minimum number of workplace assessments</b>	Minimum of 3 ACATs should be done per year (aiming for 6 per year) + min of 4 mini-CEX per year + min of 4 CbD per year + DOPS until independence in procedures demonstrated + 1 MSF per year		
<b>Events giving concern</b>	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety		

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**Respiratory Medicine From ST3**

Curriculum topic(s)/Areas to be assessed/Assessments	RITA year 1 (ST3)	RITA year 2 (ST4)	RITA year 3 (ST5)	RITA year 4 (ST6)	RITA year 5 (ST7)
<b>Patient/Problem oriented areas 1-6</b>	Competent in 50%* Experience of all	Competent in all	Competent in all	Competent in all	Competent in all
<b>Clinical area 1</b>	Competent in 25% Experience of 50%	Competent in 50% Experience of 75%	Competent in 75% Experience of all	Competent in 90%	Competent in all
<b>Clinical area 2</b>	Experience of 0-33%	Experience of 33%	Competent in 33% Experience of 33-66%	Competent in 66% Experience of 66%	Competent in all
<b>Bronchoscopy</b>	Experience	2 DOPS	2 DOPS	2 DOPS	Competent
<b>NIV/CPAP</b>	Experience	Experience	Experience	Competent	Competent
<b>Chest XR/CT interpretation</b>	Experience	Competent (CXR)	Competent (CT)	Competent	Competent
<b>Spirometry, performance and interpretation</b>	Experience	Competent	Competent	Competent	Competent
<b>Lung Function, Interpretation</b>	Experience	Experience	Competent	Competent	Competent
<b>Intercostal Chest Drains</b>	Experience	Competent	Competent	Competent	Competent
<b>Other procedures</b>	Experience	Experience	Experience	Competent in 50%	Competent in all
<b>Examinations</b>	MRCP(UK) Diploma		Specialty Exam (KBA) attempt/pass	Specialty Exam (KBA) passed	
<b>ALS</b>	Valid Certificate	Valid Certificate	Valid Certificate	Valid Certificate	Valid Certificate
<b>Attendance</b>	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory
<b>Minimum number of work place assessments - Mini CEX and/or CBD</b>	4	4	4	4	4
<b>MSF</b>	Satisfactory	If desired/indicated	Satisfactory	If desired/indicated	If desired/indicated
<b>Satisfactory Structured educational Supervisor's report</b>	Essential	Essential	Essential	Essential	Essential

Percent of area to be covered as evidenced by mini-CEX, CBD, DOPS, KBA, Educational Supervisor's report \*  
DOPS standard is that appropriate for year of training

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**Curriculum Subject Areas**

Patient/Problem Oriented Subject Areas	Clinical Area 1	Clinical Area 2	Procedures
1. Breathlessness	Asthma (C1)	Pulmonary Disease in the Immunocompromised Host (C6)	Advanced Life Support (P1)
2. Cough	COPD (C2)	Sleep Breathing Related Disorders (C9)	(a) Spirometry (performance and interpretation) (P2) (b) Lung function testing (interpretation) (P2)
3. Haemoptysis	Thoracic Oncology (C3)	Pulmonary vascular diseases (C10)	Bronchoscopy (P3)
4. Pleuritic Chest Pain	Pulmonary infections (C4)	Allergic Lung disorders (C11)	Closed pleural biopsy (P4)
5. Abnormal CXR	TB and Opportunist Mycobacterial Disease (C5)	Pulmonary Manifestations of Systemic Disease (C13)	Intercostal tube placement and "Medical" Pleurodesis (P5)
6. Respiratory failure	Bronchiectasis (C7)	Cystic Fibrosis (C14)	Sleep studies (interpretation) (P6)
	Diffuse Parenchymal Lung Disease (C8)	Pulmonary Disease in the HIV Patient (C15)	NIV and CPAP set up (P7)
	Disorders of Pleura and Mediastinum, including Pneumothorax (C12)	Occupational and Environmental Lung Disease (C16)	TB Skin testing (experience/competence) (P8)
	Respiratory Anatomy, Physiology, Pathology, Microbiology and Pharmacology (C20)	Genetic and Developmental Lung Disease (C17)	Allergy skin tests (experience/competence) (P9)
	Imaging Techniques (C21)	Lung Transplantation (C18)	Medical Thoracoscopy (knowledge/experience) (P10)
	Smoking Cessation (C22)	Hospital At Home and Early Discharge schemes (C19)	
	Intensive Care (24)	Pulmonary Rehabilitation (C23)	
		Palliative Care (C25)	
		Dysfunctional Breathing and Psychological aspects of Respiratory Symptoms (C26)	

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**GIM(Acute Medicine) – ST3 onwards**

	RITA year 1 (ST3)	RITA year 2 (ST4)	RITA year 3 (ST5)	RITA year 4 (ST6)	RITA year 5 (ST7)
<b>Emergency Presentations</b>	Level 2 competent by ST3 RITA (mini-CEX / CbD / ACAT evidence)				
<b>Top 20 Presentations</b>	Acquisition of Level 2 Competencies at rate proportional to years that include GIM (Acute)* training, and competent in ALL by the RITA in the final year that has included GIM (Acute) training (mini-CEX / CbD / ACAT evidence)				
<b>Other Presentations</b>	Acquisition of Level 2 Competencies at rate proportional to years that include GIM (Acute)* training, and competent in ALL by the RITA in the final year that has included GIM (Acute) training (mini-CEX / CbD / ACAT evidence)				
<b>Generic Competencies (Focus areas)</b>	Competent in number of Level 2 Focus Areas proportional to total time of training from ST3 to CCT, and competent in ALL Level 2 Focus Areas by final year RITA (mini-CEX / CbD / ACAT evidence)				
<b>Events giving concern</b>	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety				

\* For rotations in which GIM (Acute) training is concentrated into 2 years, then must show competence in ½ presentations in RITA of first year of GIM (Acute) and competent in all by RITA of second year of GIM (Acute). When more than 2 years between ST3 and CCT include training in GIM (Acute), then number of competencies acquired each year are proportional to number of years spent doing GIM (Acute).