



Royal College of Emergency Medicine

INTERMEDIATE TRAINING ARCP REQUIREMENT GUIDE

This document summarises the evidence that trainees must provide for ARCP and the standards expected in order to achieve a satisfactory ARCP outcome at the end of ST3 intermediate training.

REQUIREMENT	EVIDENCE REQUIRED	STANDARD REQUIRED: INTERMEDIATE ST3
Educational Supervisor Report (ESR)	One per year to cover the training year since last ARCP	Confirms meeting minimum requirements for progress into higher training
Multisource Feedback (MSF)	Minimum one MSF for the year, undertaken in first six months, with satisfactory number/range of respondents	Overall suggests meeting minimum requirements for progress into higher training
End of Placement (Clinical Supervisor) Reports	One for each placement in year (Adult and Paediatric EM)	Confirms meeting minimum requirements for progress into higher training
Extended Supervised Learning Episodes (ESLEs)	Minimum three for the year with at least one in each placement and including PEM-focussed ESLE(s)	Confirm meeting expectations for stage of training and no concerns
Clinical Specialty Learning Outcomes (SLOs)	Faculty Educational Governance (FEG) statement; overall ESR based on adequate SLO evidence	Minimum levels achieved for each Clinical SLO
Practical Procedures (SLO 6)	Faculty Educational Governance (FEG) statement; overall ESR - refer to SLO6 practical procedure checklist	Confirms meeting minimum requirements for progress into higher training
Generic Specialty Learning Outcomes (SLOs)	Educational Supervisor Report	"Satisfactory/good" or "excellent" for all four Generic SLOs
Revalidation	Form R/SOAR declaration	Fully completed and submitted

Specialty Learning Outcomes: Requirements by Placement

This table sets out the minimum standards to be achieved for each of the clinical and generic SLOs by the end of each training year. The final entrustment rating is made by the educational supervisor at the end of the training year following review of all the evidence provided by the trainee against each SLO.

Entrustment level descriptors:

- Level 1: Direct supervisor observation/involvement, able to provide immediate direction or assistance
- Level 2a: Supervisor on the 'shop-floor' (e.g. ED, theatres, AMU, ICU), monitoring at regular intervals
- Level 2b: Supervisor within hospital for queries, able to provide prompt direction or assistance and trainee knows reliably when to ask for help
- Level 3: Supervisor 'on call' from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision
- Level 4: Would be able to manage with no supervisor involvement (all trainees practice with a consultant taking overall clinical responsibility)

Specialty Learning Outcome Curriculum progress can be reviewed using the "Goals" e-portfolio	Entrustment requirements			
	ST3	ST4	ST5	ST6
SLO1: Care for physiologically stable adult patients presenting to acute care across the full range of complexity	3	*	*	4
SLO2: Support the ED team by answering clinical questions and making safe decisions	3	*	*	4
SLO3 Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop	3	*	*	4
SLO4 Care for acutely injured patients across the full range of complexity	3	*	*	4
SLO5: Care for children of all ages in the ED, at all stages of development and children with complex needs	3	*	*	4
SLO6: Proficiently deliver key procedural skills in Emergency Medicine	See SLO6 table	See SLO6 table	See SLO6 table	See SLO6 table
SLO7: Deal with complex and challenging situations in the workplace	3	*	*	4
SLO8: Lead the ED shift	3	*	*	4
SLO9: Support, supervise and educate	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"
SLO10: Participate in research and managing data appropriately	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"
SLO11: Participate in and promote activity to improve the quality and safety of patient care	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"
SLO 12: Manage, administer and lead	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"	"Satisfactory/ good" or "excellent"

SLO6 Practical Procedures: Entrustment Requirements

At completion of Intermediate training a trainee will have:

- the clinical knowledge to identify when key EM procedural skills are indicated
- the knowledge and psychomotor skills to perform the ACCS procedural skills safely and in a timely fashion

...with Supervisor 'on call' from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision.

Assessment of procedural skills is mostly made using the direct observation of procedural skills (DOPS) tool. Some may be assessed by e-learning or course completion – see curriculum/website for details.

The table below sets out the minimum competency level expected for each of the practical procedures by the end of each training year.

Procedure	ST	ST	ST	ST
Paediatric sedation	3	*	*	4
Advanced airway management	3	*	*	4
Non-invasive ventilation	3	*	*	4
Open chest drain	3	*	*	4
Resuscitative thoracotomy	3	*	*	4
Lateral canthotomy	3	*	*	4
Direct current cardioversion	3	*	*	4
External pacing	3	*	*	4
Pericardiocentesis	3	*	*	4
ED management of life-threatening haemorrhage	3	*	*	4
Emergency delivery	3	*	*	4
Resuscitative hysterotomy	3	*	*	4
Fracture/dislocation manipulation	3	*	*	4
Large joint aspiration	3	*	*	4
Point of care ultrasound	3	*	*	4

When a trainee has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (DOPS) of that procedure, unless they or their educational supervisor think that this is required (in line with standard professional conduct). This also applies to procedures that have been signed off during other training programmes. They would be expected to continue to record activity in their logbook.