

## **Geriatric Medicine ARCP Decision Aid for Iceland – standards for recognizing satisfactory progress**

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.

An educational supervisor report covering the whole training year is required before the ARCP. Great emphasis is placed on the educational supervisor confirming that satisfactory progress in the curriculum is being made compared to the level expected of a trainee at that stage of their training. This report should bring to the attention of the panel events that are causing concern e.g. patient safety issues, professional behavioral issues, poor performance in work-place based assessments, poor MSF report, issues reported by other clinicians. It is expected that serious events would trigger a deanery review even if an ARCP was not due.

It is recognized that there is a hierarchy of competencies within the curriculum. It is expected that the breadth and depth of evidence presented for the core Geriatric Medicine topics will be greater than that for the common competencies which should be sampled to a lesser extent.

The logbook should be used to present evidence in an organized way to enable the educational supervisor and the ARCP panel to determine whether satisfactory progress with training is being made to proceed to the next phase of training.

Summaries of clinical activity and teaching attendance should be recorded in the logbook. It is recognized that the experience gained in each training year varies as well the order in which it is gained. The targets for each training year make some allowance for that. The decision aid is a guide and some discretion can be used when the educational supervisor indicates to the ARCP panel that overall progress is satisfactory.

## Geriatric Medicine ARCP Decision Aid for Iceland – standards for recognizing satisfactory progress

Curriculum domain		ST Year 1	ST Year 2	Comments
<b>Educational Supervisor (ES) report</b>		Satisfactory with no concerns	Satisfactory with no concerns	To cover the whole training year since last ARCP
<b>Multiple Consultant Report (MCR)</b>	Minimum number: Each MCR is completed by one clinical supervisor	4	4	Summary of MCRs and any actions result to be recorded in ES report
<b>ALS</b>		Valid	Valid	
<b>Supervised Learning Events (SLEs): CbD Mini-CEX</b>	Minimum number of consultant SLEs per year:	12 SLEs	12 SLEs	SLEs should be performed proportionately throughout each training year by a number of different assessors across the breadth of the curriculum. Structured feedback should be given to aid the trainee's personal development.
<b>Multi-source feedback (MSF)</b>		1	1	Replies should be received within 3 months from a minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical) agreed by ES for a valid MSF. If significant concerns are raised then arrangements should be made for a repeat MSF
<b>Quality Improvement Project</b>			1	To be assessed using quality improvement assessment tool (QIPAT). If a clinical audit is undertaken, quality improvement methodology should be used
<b>Research Project</b>		Optional	Optional	
<b>Teaching Observation</b>		2	2	

Curriculum domain		ST Year 1	ST Year 2	Comments
<b>Common Competencies</b>		Confirmation by educational supervisor that satisfactory progress is being made	Confirmation by educational supervisor that satisfactory progress is being made	Evidence of engagement with 75% of the competencies to be determined by sampling and level achieved recorded in the ES report.
<b>Core Geriatric medicine</b>	13-26	Confirmation by educational supervisor that evidence recorded and level achieved	Confirmation by educational supervisor that evidence recorded and level achieved	It is expected that mini-CEXs and CbDs will be mainly used to assess workplace performance of these competences
	27-36		Confirmation by educational supervisor that evidence recorded and level achieved	
<b>Clinics</b>		Minimal 20 Outpatient clinics per year	Minimal 40 Outpatient clinics per year	Mini-CEX and CbD to be used to give structured feedback. Patient survey and reflective practice is recommended. Summary of clinical activity recorded.
<b>Overall teaching attendance</b>		Satisfactory record of teaching attendance	Satisfactory record of teaching attendance	Teaching attendance requirements should be specified at induction. At Landspítali 70% attendance is required.