

2021 ARCP Decision Aid for Medical Virology

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year for a trainee on a single CCT programme in Medical Virology.

Evidence / requirement	Notes	CIT Year 1 (ST3)	CIT Year 2 (ST4)	HIT Year 1 (ST5)	HIT Year 2 (ST6)
Educational supervisor (ES) report	An indicative one per year to cover the training year since last ARCP (up to the date of the current ARCP).	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP.	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Specialty capabilities in practice (CiPs)	See grid below of levels expected for each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs



Evidence / requirement	Notes	CIT Year 1 (ST3)	CIT Year 2 (ST4)	HIT Year 1 (ST5)	HIT Year 2 (ST6)
	entrustment level for each CiP				
Multiple consultant report (MCR)	An indicative minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee.	4	4	4	4
Multi-source feedback (MSF)	An indicative minimum of 12 raters including 3 consultants and a mixture of other staff (medical and non-medical). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF.	1	1	1	1
Acute Care Assessment Tool (ACAT) Case-based discussion (CbD) Mini-clinical evaluation exercise (mini-CEX) Evaluation of clinical/management events (ECE)	An indicative minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee	6 per year using each tool at least once	6 per year using each tool at least once	6 per year using each tool at least once	6 per year using each tool at least once
Direct Observation of	An indicative minimum	6 laboratory based	DOPS demonstrating	4	4

Evidence / requirement	Notes	CIT Year 1 (ST3)	CIT Year 2 (ST4)	HIT Year 1 (ST5)	HIT Year 2 (ST6)
Procedural Skills (DOPS)	number to be carried out. Trainees are encouraged to undertake more and supervisors may require additional if concerns are identified. Feedback should be given.	competence by end of CIT			
FRCPATH Part 1	The FRCPATH Part 1 examination must be passed before the end of HIT year 1.			Pass	
FRCPATH Part 2	The FRCPATH Part 2 examination must be passed before completion of the training programme.				Pass
Quality Improvement Project Assessment Tool (QIPAT)	Project to be assessed with quality improvement project tool (QIPAT).	Evidence of participation in 2 QI projects by end of CIT		Demonstrating leadership in QI activity (e.g. supervising another healthcare professional)	
Teaching observation (TO)	An indicative minimum hours per training year. To be specified at induction.			Evidence of participation in teaching with evaluation	

Grid of levels expected for specialty capabilities in practice (CiPs) in a single CCT programme in Medical Virology.

Levels to be achieved by the end of each training year for specialty CiPs

Level descriptors:

Level 1: Entrusted to observe only – no clinical care

Level 2: Entrusted to act with direct supervision

Level 3: Entrusted to act with indirect supervision

Level 4: Entrusted to act unsupervised

		Combined Infection Training		Medical Virology	
		CIT year 1	CIT year 2	HIT year 1 MV	HIT year 2 MV
1.	Able to provide clinical leadership and support to the laboratory.	2	2	3	4
2.	Able to use the laboratory service effectively in the investigation, diagnosis and management of infection.	2	2	3	4
3.	Able to advise on infection prevention, control and immunisation.	2	2	3	4
4.	Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis.	2	3	3	4
5.	Able to lead and advise on treatment with and stewardship of antimicrobials.	2	3	3	4
6.	Providing continuity of care to inpatients and outpatients with suspected or proven infection.	2	3	3	3
7.	Able to manage and advise on imported infections	2	2	2	2