

## A Guide to the 2021 Haematology Curriculum Guidance for training programme directors, supervisors and trainees February 2020

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## The Headlines

This document is for training programme directors (TPD), educational supervisors (ES), clinical supervisors (CS) and trainees. It has been written to provide useful information about the 2021 Haematology curriculum.

### What do you need to know?

- The Haematology curriculum is being updated, with the [new curriculum](#) coming into effect from August 2021
- The structure and content of the curriculum was mandated and approved by the General Medical Council (GMC)
- All new trainees starting in post from August 2021 will follow the new curriculum.
- All existing trainees will be required to switch to the new curriculum within 2 years except for those in their last 12 calendar months of training. Trainees who are less than full time or out of programme will not be exempt from this change.
- ES are advised to meet with their existing trainees as they switch to the new curriculum to review their current level of learning and map it to the new curriculum.

### What are the changes?

- The emphasis of the curriculum has changed to an overall assessment of a trainee's performance against a series of "capabilities in practice" (CiPs)
- There are generic and specialty specific CiPs against which trainees need to be assessed at each level of training. This assessment will be carried out by the educational supervisor as part of their report for the ARCP panel, using the evidence provided in the ePortfolio by the trainee.
- This is mirrored by a new format for the educational supervisor's and clinical supervisor's reports on the ePortfolio.
- Supervised learning events and work-place based assessments still have a place to provide evidence to support the CiP assessments, however the numbers recommended in the decision aid are *indicative* rather than *mandatory*. This is a spiral curriculum, designed to better show how trainees develop the knowledge, skills and attitudes required over the course of their training programme rather than collecting and counting assessments.

### For the trainees:

- There is an updated ARCP decision aid which lists the requirements for each year of training.
- The ePortfolio will be updated to include the 2021 curriculum and updated forms for educational and clinical supervision meetings.
- Trainees will need to self-assess against the CiPs prior to meeting with their ES.
- An MSF (multi source feedback) is now required every year.
- Evidence of reflective practice is required at every stage of training.
- There is a syllabus of common conditions and presentations within the curriculum, but trainees are no longer required to be signed off for each specific condition.
- Trainees are not expected to transfer evidence from previous years to the new curriculum (see text for more details).

## Introduction

This guide for Haematology is to help training programme directors (TPDs), supervisors, trainees and others with the practicalities of implementing the new curriculum. It is intended to supplement rather than replace the curriculum document itself. The curriculum, ARCP decision aid and this guide are available on the [JRCPTB website](#).

This guide has been put together by members of the Haematology SAC with additional help from many external stakeholders especially trainees. It is intended to be a 'living document' and we value feedback via [curriculum@jrcptb.org.uk](mailto:curriculum@jrcptb.org.uk).

## What is different about the 2021 Haematology curriculum?

### Background

All of the medical training curricula are being updated. There have been two major drives to the need for change. Firstly, the move away from the 'tick-box' approach associated with the current competency-based curricula to the holistic assessment of high-level learning outcomes. The new curriculum has a relatively small number of 'capabilities in practice' (CiPs) which are based on the concept of entrustable professional activities (EPAs) (see below). Secondly, the GMC has mandated that all postgraduate curricula must incorporate the essential generic capabilities required by all doctors as defined in the [Generic Professional Capabilities \(GPC\) framework](#).

### Duration of training

Haematology higher specialty training will usually be completed in five years of full-time training or pro-rata equivalent.

Trainees are entitled to opt for less than full time training (LTFT) and should undertake a pro rata share of the out-of-hours duties required of their full-time colleagues in the same programme at the equivalent stage. There will be options for those trainees who demonstrate exceptionally rapid development and acquisition of capabilities to complete training sooner than in the indicative time. There may also be trainees who require additional time to fully develop some capabilities and will benefit from an extension of training time as indicated in the Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide).

## The Haematology curriculum

The curriculum is a tool for training, designed to support doctors in training to develop the generic professional and specialty specific capabilities needed to work as Haematology consultants in the NHS.

Doctors in training will learn in a variety of settings, using a range of methods, including workplace-based experiential learning, formal postgraduate teaching, and simulation-based education. The FRCPATH examination forms an important part of summative assessment.

Passing the part 1 examination is necessary to progress to the final two indicative years of training. Passing the part 2 examination is necessary to be awarded a CCT.

At the end of their final year of training, the trainee will receive a CCT in Haematology.

## **Transition arrangements for trainees already in programme**

Trainees already in programme are expected to transfer to the new curriculum at their next ARCP at a training year transition point, unless they are within 12 calendar months of completion of training. This includes LTFT trainees and those currently out of programme for OOP or a period of leave.

The ES and trainee should meet to review the new curriculum, to identify the trainee's current level of CiPs and to plan the next year of training.

Trainees are not expected to transfer evidence from previous years of training across to the new curriculum on the ePortfolio. The First ES meeting for the new curriculum should record the trainee's previous level of training. The previous curriculum will still be visible on the ePortfolio.

## **Trainees who have come from alternative entry pathways**

Trainees who have entered the programme from Paediatric training require a review with their ES to ensure they are sufficiently supported through the attachments which cover adult haematology particularly with regards to initial supervision and the on-call rota.

### **Less than full time training**

Trainees may opt to train less than full time, in which case a "training year" may take more than 12 calendar months. (For example, for 60% LTFT training a training year lasts 20 months). It is good practice to ensure trainees have an annual ARCP to assess their progress against their stage of training and ensure they are on target for completion of that level of training. In years where their transition point does not fall at the time of the ARCPs they will require an ARCP at 12 months and an ARCP at the transition point to the next training stage. Trainees should meet with their ES prior to every ARCP to review their progress against the CiPs and are expected to have collected a proportionate amount of evidence for that stage of their training.

### **Academic trainees (ACF, ACL)**

Academic trainees will spend a proportion of their training time in their academic post. This may be in a split post between academic and clinical, or in discrete blocks of academic and clinical time. They should have both a clinical and academic Educational Supervisor.

To progress to the next stage of training, trainees must be able to demonstrate at their ARCP that they have met the criteria for that indicative year of clinical training. They should also present evidence at the ARCP that the academic component of their post has been reviewed and assessed and that they are making satisfactory progress.

## **Trainees in Paediatric Haematology**

Trainees may wish to work towards a career in paediatric haematology post CCT. Centres in the UK are asked to declare at recruitment whether they have the capacity to train in paediatric haematology. Trainees are expected to achieve the same competencies as all haematology trainees, but provision should be made for extended paediatric attachments during the training programme. If specific competencies cannot be provided in the paediatric setting within that training programme, e.g. Paediatric BMT, haemoglobinopathy, then provision of a period of training within a different training scheme may be explored.

### **OOP (out of programme)**

Trainees out of programme still require an annual ARCP. Trainees wishing to request credit for some of their OOPR or OOPT to count towards their CCT need to apply to the JRCPTB for approval for this prior to commencing the OOP and to demonstrate that they have been maintaining their clinical portfolio with evidence of clinical experience. The ARCP panel should review this at the first ARCP after return to training to confirm that there is sufficient evidence to approve the time credited counting towards their CCT.

### **Capabilities in Practice (CiPs)**

The **generic CiPs** cover the universal requirements of all specialties as described in the GPC framework. The generic CiPs are common across all physician specialties. Assessment of the generic CiPs will be underpinned by the GPC descriptors. Satisfactory sign off will indicate that there are no concerns.

The **specialty CiPs** describe the professional tasks or work within the scope of Haematology.

Each CiP has a set of descriptors associated with that activity or task described in the curriculum. Descriptors are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated for an entrustment decision to be made.

By the completion of training and award of CCT, the doctor must demonstrate that they are capable of unsupervised practice (level 4) in all specialty CiPs. There is an updated ARCP decision aid (see appendix 1) and the curriculum gives further details of the CiP levels (appendix 2) required for completion of each stage of training.

#### **Capabilities in practice (CiPs)**

##### **Generic CiPs**

1. Able to successfully function within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carrying out research and managing data appropriately
6. Acting as a clinical teacher and clinical supervisor

### Specialty CiPs

1. Providing a comprehensive haematology laboratory service, including investigation, reporting and blood transfusion
2. Providing safe clinical advice to colleagues on interpretation of haematology laboratory results, blood transfusion practice and haematological disorders
3. Managing patients with suspected or known haematological disorders in the outpatient setting
4. Managing patient in an ambulatory/day unit environment including specialist haematological treatments
5. Managing inpatients with haematological conditions and provide continuity of care to haematological inpatients.
6. Managing acute haematological emergencies in all environments
7. Managing end of life and palliative care skills

Details of the descriptors for each CiP are located in section 3.3 of the curriculum. The level of attainment for the CiPs will be rated in the ES report as follows:

#### Generic CiPs:

- Below expectations for this year of training; may not meet the requirements for critical progression point
- Meeting expectations for this year of training; expected to progress to next stage of training
- Above expectations for this year of training; expected to progress to next stage of training

#### Specialty CiPs

- Level 1 – entrusted to observe only
- Level 2 – entrusted to act with direct supervision
- Level 3 – entrusted to act with indirect supervision
- Level 4 – entrusted to act unsupervised.

### Evidence of capability

The curriculum describes the evidence that can be used by the educational supervisor to make a judgement of the trainee's capability (please see the CiPs tables and the assessment blueprint in the [main curriculum](#) sections 5.4 and 5.7). The educational supervisor will make a holistic judgement based on the evidence provided, particularly the feedback from clinical supervisors and the multi-disciplinary team. The list of evidence for each CiP is not exhaustive and other evidence may be equally valid.

## **Presentations and Conditions**

The curriculum provides guidance on the presentations and conditions which form the clinical context in which the capabilities are demonstrated. The presentation and conditions listed are either common or serious and the list is not exhaustive. Trainees who wish to progress to a career in paediatric haematology will be expected to achieve the same competencies as all haematology trainees, but may achieve the majority of these through attachments to paediatric haematology departments. Some conditions present more commonly in adults, and it is therefore useful for paediatric trainees to spend time in the adult specialty areas.

Trainees must demonstrate core bedside skills, including information gathering through history and physical examination and information sharing with patients, families and colleagues. For each condition/presentation, trainees will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management and prognosis. In this spiral curriculum [appendix 6], trainees will expand and develop the knowledge, skills and attitudes around managing patients with these conditions and presentations over the course of their training programme. They will not need to be signed off for individual items in the presentations and conditions list.

## **Laboratory Training**

There is a significant laboratory component to haematology training. It is good practice to ensure trainees get a laboratory induction during their first year, plus regular exposure to all aspects of the laboratory including morphology, coagulation and transfusion.

## **Paediatric training**

All haematologists must be competent to advise on investigations, results and the initial management of paediatric patients. Trainees wishing to pursue a career in paediatric haematology will be expected to develop more detailed experience and knowledge of the management of conditions most commonly affecting children. This may be achieved through extended attachments in paediatric haematology following an individualised training plan.

## **Practical Procedures**

The curriculum and ARCP decision aid list the practical procedures required and the minimum level of competency for each year of training. Haematology trainees are expected to be competent in bone marrow aspirates, trephines and the administration of intrathecal chemotherapy by the completion of their training. Other procedures such as PICC line insertion and tunnelled line removals may be learnt during training depending on individual requirements but are not mandated as part of training and are not included in the curriculum.



Once a trainee is competent to perform a procedure unsupervised (as evidenced by summative DOPS) there is no requirement for further assessment. It is a matter of professional insight and probity that a trainee should maintain their competency by carrying out the procedure when the opportunity arises. If a trainee has not performed a particular procedure for some time and no longer feels confident or competent to carry it out, then they should seek further training with appropriate supervision. Trainers should have ongoing conversation with trainees about procedural competence and this should be documented.

## **Assessment: What is required from trainees and trainers?**

### **Introduction**

Decisions about a trainee's progression will be based on an assessment of how they are achieving their CiPs. For the generic CiPs it will be a straightforward statement as to whether they are operating at, above, or below the level expected for the current indicative year of training. For the Specialty CiPs there will be a judgement made about what level of supervision they require (i.e. unsupervised or with direct or indirect supervision). For each of these CiPs there is a level that is to be achieved at the end of each indicative year for a standard outcome to be achieved at the Annual Review of Competence Progression (ARCP). The levels expected are given in the grid below and in the ARCP decision aid.

### **What the trainee needs to do**

Trainees need to do an appropriate number of supervised learning events (SLEs) and workplace-based assessments (WPBAs). The requirements are documented in the ARCP decision aid (see ARCP section below), but it should be appreciated by trainer and trainee that this number is indicative and should be regarded as a minimum.

SLEs and formative WPBAs are not pass/fail summative assessments but should be seen by both trainer and trainee as learning opportunities for a trainee to have one to one teaching and receive helpful and supportive feedback from an experienced clinician or specialist in the field. Trainees should therefore be seeking to have SLEs performed as often as practical. They also must continue to attend and document their teaching sessions and must continue to reflect (and record that reflection) on teaching sessions, clinical incidents and any other situations that would aid their professional development.

Each trainee must ensure that they have acquired multi-source feedback (MSF) on their performance each year of training and that this feedback has been discussed with their Educational Supervisor (ES) and prompted appropriate reflection. They also need to ensure that they have received a minimum of 2 reports from consultants who are familiar with their work and who will contribute to the Multiple Consultant Report (MCR). Each consultant contributing to the MCR will be asked to give an advisory statement about the level at which they assess the trainee to be functioning for each clinical CiP.

As the ARCP approaches, trainees need to arrange to see their ES in good time to facilitate preparation of the ES report (ESR). They will have to self-assess the level at which they feel

they are operating at for each CiP. In an analogous fashion to the MSF, this self- assessment allows the ES to see if the trainee's views are in accord with those of the trainers and will give an idea of the trainee's level of insight.

### Interaction between trainer and trainee

Regular interaction between trainees and their trainers is critical to the trainee's development and progress through the programme.

### Educational Supervisors

At the beginning of each indicative year of training there should be a meeting between the trainee and the ES to map out a plan for the year. This should include:

- how to meet the training and curriculum requirements of the programme and what evidence will be recorded to support this, addressing each CiP separately.
- a plan for taking the FRCPATH examination within an appropriate timeline for progression through training.
- a discussion about what resources are available to help the trainee's development and to support the trainee to achieve the targets set
- develop a set of SMART objectives for the trainee's Personal Development Plan (PDP) (appendix 5)
- a plan for using study leave.
- a review of the use of the various assessment/development tools

See appendix 3 for a suggested structure for an educational supervision meeting.

There should be regular contact between the trainee and ES throughout the year so the ES can be reassured that appropriate progress is being made and evidence is being collected to facilitate the ES report (ESR) which will be reviewed by the panel at the ARCP.

The GMC recommend an hour per week (0.25PA) per trainee is in the ES job plan to undertake trainee supervision meetings, CPD related to education and training, participating in ARCPs, specialty training committee and other activities relating to training.

### Clinical Supervisors

Trainees should have a clinical supervisor for each attachment. The CS may also be the trainee's educational supervisor; however, it is often helpful for the ES and CS to be a different person as this gives an additional point of contact for advice and support.

The trainee should meet with the clinical supervisor (CS) at the start of each attachment to discuss the opportunities available including:

- Review the trainee's PDP and discuss how it maps to the objectives of the placement.
- access to clinics and how to meet the learning objectives.
- Access to laboratory-based training, recording of competencies and expectations.

- expectations for haematology on-call
- expectations for inpatient and day unit experience
- expectations to gain experience in end-of-life care.

Depending on local arrangements there should be regular meetings, their frequency guided by the training requirements of the trainee, for personalised, professional development discussions which will include:

- writing and updating the PDP
- reviewing reflections and SLEs
- reviewing MCR and other feedback
- discussing leadership development
- discussing the trainee's personal development, academic and career goals

See appendix 4 for a suggested structure for a clinical supervision meeting.

### Self-assessment

Trainees are required to undertake a self-assessment of their engagement with the curriculum and, in particular, the CiPs. This is not a 'one-off' event but should be a continuous process from induction to the completion of the programme and is particularly important to have been updated ahead of the writing of the ES report and subsequent ARCP. Self-assessment for each of the CiPs should be recorded against the curriculum on the trainee's ePortfolio account.

The purpose of asking trainees to undertake this activity is:

- To guide trainees in completing what is required of them by the curriculum and helping to maintain focus of their own development.
- To guide the ES and the ARCP panel as to how the trainee considers they have demonstrated the requirements of the curriculum as set out in the Decision Aid and where this evidence may be found in the trainee's portfolio.
- To help the ARCP panel make a more informed judgement as to the trainee's progress.

### Professional Development Meetings

Trainers and trainees need to meet regularly to review progress. There is no set number of meetings and individual trainees will require differing levels of support at different stages of their training.

These meetings are important and should cover the following areas. This list is not exhaustive.

- Discuss cases
- Provide feedback
- Monitor progress of learning objectives
- Discuss reflections
- Provide support around other issues that the trainee may be encountering and assess well-being
- Provide careers advice

- Monitor and update the trainee’s PDP
- Record meeting key discussion points and outcomes using the Educational Meeting form on the ePortfolio
- Record progress against the CiPs by updating the comments in the CiP section of the portfolio (this will make writing the ESR at the end of the year much easier)

## Educational Supervisor Report (ESR)

The ESR will be the central piece of evidence considered by the ARCP Panel when assessing whether the trainee has attained the required standard as set out in the Decision Aid. The ESR should be written ahead of the ARCP and discussed between the supervisor and the trainee before the ARCP, **with any aspects likely to result in a non-standard outcome (not a 1 or 6) at ARCP made clear.** This conversation should be documented.

The report documents the entrustment decisions made by the supervisor for all the CiPs set out in the curriculum. The decisions should be based on evidence gathered across the indicative training year as planned at the Induction Meeting with the trainee and modified through subsequent, regular, professional development meetings. The evidence should be gathered from several sources as appropriate for the particular CiP.

In completing the ESR, assessments are made for each **generic CiP** using the following anchor statements:

<b>Below expectations</b> for this year of training; may not meet the requirements for critical progression point
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<b>Meeting expectations</b> for this year of training; expected to progress to next stage of training
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<b>Above expectations</b> for this year of training; expected to progress to next stage of training
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Comments must be made, as a minimum, for any rating of below expectation. It is good practice to narrate all decisions. The narration should include:

- Source of the evidence and its context, outlining contradicting evidence if appropriate
- Examples (of statements)
- Direction for future development/improvement

For the **specialty CiPs**, the ES makes a judgement using the levels of entrustment in the table below. The CiPs are designed to cover the whole of medical training from leaving medical school to obtaining a CCT. Specialty trainees would be expected to be at least level 2 by the time they start the training programme.

<b>Level 1: Entrusted to observe only – no provision of clinical care</b>
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<b>Level 2: Entrusted to act with direct supervision:</b> The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
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<b>Level 3: Entrusted to act with indirect supervision:</b> The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision
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<b>Level 4: Entrusted to act unsupervised</b>
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Only the ES makes entrustment decisions. Detailed comments must be given to support entrustment decisions that are below the level expected. As above, it is good practice to provide a narrative for all ratings given. It should be noted that Level 4: Entrusted to act unsupervised is a term used in all the new specialty curricula. In Haematology, trainees should be acting with the input of the MDT and colleagues and demonstrate that they know when to ask for help and guidance appropriately.

### Important Points

- Plan the evidence strategy from the beginning of the indicative training year
- Write the report in good time ahead of the ARCP (most ARCP panels will set a deadline of 2 weeks before the panel date to complete uploading evidence to the portfolio)
- Discuss the ESR with the trainee before the ARCP
- Give specific, examples and directive narration for each entrustment decision

## Types of Evidence

### Multi-Source Feedback (MSF)

The MSF provides feedback on the trainee that covers areas such as communication and team working. It closely aligns to the Generic CiPs. Feedback should be discussed with the trainee and the trainee should provide evidence of reflection on it.

If a repeat MSF is required, it should be undertaken in the subsequent placement.

### Multiple Consultant Report (MCR)

The MCR captures the views of consultants (and other senior staff) based on observation of a trainee's performance in practice. The MCR feedback gives valuable insight into how well the trainee is performing, highlighting areas of excellence and areas of support required.

The **minimum** number of MCRs considered necessary is 2 per indicative training year. If a trainee has several different posts within this time, it would be good practice to collect MCRs from each post. This should include MCRs from consultants or senior staff (e.g. nurse consultants, senior biomedical scientists) with whom the trainee has had significant clinical interaction during their placement.

Consultants and other senior staff completing the MCR will use the global anchor statements [meets, below or above expectations] to give feedback on areas of clinical practice. If it is not possible for an individual to give a rating for one or more area they should record 'not observed'. Comments must be made, as a minimum, for any rating of below expectation. It is good practice to narrate all decisions. The narration should include:

- Source of the evidence and its context, outlining contradicting evidence if appropriate
- Examples (of statements)
- Direction for future development/improvement

## **Supervised Learning Events**

### **Case based Discussion (CbD)**

This tool is designed to provide feedback on discussions around elements of the care of a particular patient. This can include elements of the particular case and the general management of the condition. It is a good vehicle to discuss management decisions. It may also be used to provide feedback on discussions based around laboratory tests: discussing results, methods, limitations and quality assurance.

### **Mini-Clinical Evaluation (mini-CEX)**

This tool is designed to allow feedback on the directly observed management of a patient and can focus on the whole case or particular aspects. It may also be used to allow feedback on a clinical activity, such as managing an outpatient clinic or running a ward round. The number of SLEs demanded by the decision aid should be regarded as an absolute minimum and additional ones should be sought because:

- Although they are formative, not summative assessments, they do provide additional evidence to show that a trainee is acquiring clinical (and generic) capabilities
- They may give the trainee the opportunity to have additional one to one clinical teaching from a senior colleague
- They allow trainees to receive targeted and constructive feedback from a senior colleague.

## **Workplace-Based Assessments**

### **Direct Observation of Procedural Skill (DOPS)**

This tool is designed to give feedback and assessment for trainees on how they have undertaken a procedural skill. There are specialty specific DOPs for the procedures required in haematology training, which may be undertaken as many times as the trainee and supervisor feel is necessary.

### **Teaching Observation (TO)**

The TO form is designed to provide structured, formative feedback to trainees on their competences at teaching. The TO form can be based on any instance of formalised teaching

by the trainee which has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors). Trainees may also collect formal feedback from the recipients of their teaching.

### **Quality Improvement Project Assessment Tool (QIPAT)**

The QIPAT is designed to assess a trainee's competence in completing a quality improvement project. The QIPAT can be based on a review of quality improvement documentation or on a presentation of the quality improvement project at a meeting. If possible, the trainee should be assessed on the quality improvement project by more than one assessor.

Guidance on how to assess QI skills and behaviours has been developed by the Academy of Medical Royal Colleges and is available [via this link](#).

### **Completing reports**

When completing reports, all assessors should do more than just tick a box and make some generic comment such as "good trainee". It is important that they make meaningful comments about why they have assigned that particular level of performance/behaviour to that particular trainee. In doing this, the descriptors assigned to each CiP should be especially useful as an *aide-memoire*.

The person completing the report should reflect on what comments would be helpful to the ES for completion of their annual report and to the ARCP panel in determining whether the trainee can progress to the next year of training.

Constructive comments will be valued by the trainee. Comments should be helpful in guiding the trainee's future development and should identify if they are progressing along the "normal" trajectory or exceeding expectations either globally or in certain areas. If a trainee is performing below expectations then it is absolutely mandatory that meaningful, insightful and precise comments are provided.

It is good practice for the ARCP panel to send formal feedback on the quality of the ESR to the educational supervisor after the ARCP meeting.

### **Examination**

Trainees are expected to pass the FRCPATH examination, part 1 by the end of ST5 and part 2 by completion of ST7. These are critical progression points.

### **Reflection**

Undertaking regular reflection is an important part of trainee development towards becoming a self-directed, professional learner. Through reflection, a trainee should develop SMART learning objectives related to the situation discussed. These should be subsequently incorporated into their PDP. Reflections are also useful to develop 'self-knowledge' to help trainees deal with challenging situations.

It is important to reflect on situations that went well in addition to those that went not so well. Trainees should be encouraged to reflect on all their learning opportunities, such as laboratory and management experience, and not just clinical events.

### **Suggested evidence for each CiP**

The suggested evidence to inform entrustment decisions is listed for each CiP in the curriculum and ePortfolio. However, it is critical that trainers appreciate that trainees do not need to present every piece of evidence listed and the list is not exhaustive and other evidence may be equally valid.

## **Annual Review of Competence Progression (ARCP)**

### **Introduction**

The ARCP is a procedure for assessing competence annually in all medical trainees across the UK. It is owned by the four Statutory Education Bodies (Health Education England, NHS Education for Scotland, Health Education and Improvement Wales and Northern Ireland Medical & Dental Training Agency) and governed by the regulations in the Gold Guide. The JRCPTB can not alter the way in which an ARCP is run but can provide guidance for trainees and trainers in preparing for it and guide panel members on interpretation of both curricular requirements and the decision aid when determining ARCP outcomes. Although receiving a non-standard (unsuccessful) ARCP outcome (i.e. anything but an outcome 1 or 6) should not be seen as failure, we know that many trainees are anxious about such an outcome and everything possible should be done to ensure that no trainee inappropriately receives a non-standard outcome.

LTFT trainees should have an ARCP a minimum of annually to ensure they are maintaining their progress. For example, a trainee who is 60% LTFT would require an ARCP at 12 months and 20 months in their indicative training year.

The ARCP gives the final summative judgement about whether the trainee can progress into the next year of training (or successfully complete training if in the final year). The panel will review the ePortfolio (especially the ES report) in conjunction with the decision aid for the appropriate year. The panel must assure itself that the ES has made the appropriate entrustment decisions for each CiP and that they are evidence based and defensible. The panel must also review the record of trainee experience to ensure that each trainee has completed (or is on track to complete over ensuing years) the various learning experiences mandated in the curriculum.

### **Haematology training and the ARCP**

The change from the tick-box style competencies to the high-level Capabilities in Practice (CiPs) will have a major impact on how trainees are assessed and how they will progress



through their ARCPs. It is vital to avoid an increase in trainees failing to achieve a standard ARCP outcome by helping trainees and trainers to prepare for the ARCPs and by stressing to ARCP panels the basis of their assessment. ARCP panel members must ask the question: “Overall, on reviewing the ePortfolio, including the Educational Supervisor report, the Multiple Consultant Reports, the Multi-Source Feedback and (if necessary) other information such as workplace based assessments, reflection etc, is there evidence to suggest that this trainee is safe and capable of progressing to the next stage of training?”

ARCP decision aid – refer to appendix 1

### ARCP preparation

As the ARCP approaches, it is essential that the trainee reviews their ePortfolio and ensures that all requisite information is available in a logical and accessible format. In particular they should ensure that:

- All appropriate certificates have been uploaded to the personal library and are clearly sign-posted
- An appropriate amount of reflection has been documented
- As a bare minimum (see comments above), the requisite number of SLEs (as demanded by the annual decision aid) has been completed and recorded in the ePortfolio
- MSF has been completed and the results released by the ES. It is critical that appropriate discussion/reflection has occurred and been recorded in response to the MSF
- MCR has been completed by each CS and additional ones have been completed by any supervisor with whom the trainee has had significant clinical/educational interaction
- The trainee has self-rated themselves for each CiP on the curriculum page
- The SMART objectives documented in their PDP have been achieved fully and the evidence for that achievement has been clearly documented. If any objectives of the PDP have not been fully achieved, then the reasons for that have been clearly documented and evidenced.
- An appointment has been made with their ES to discuss the annual ES report that will inform the ARCP panel

The ES should review the portfolio to ensure that all the above requirements have been met and record a final rating for each CiP on the curriculum page. The ES should meet up with the trainee to discuss the ESR so that there are no surprises.

### The ARCP

At the ARCP, the panel should review the ePortfolio and in particular it should focus on the ESR report but also review the MCRs, the MSF, the PDPs and reflection. It should also reassure itself that appropriate courses have been completed and exams have been attended/passed. If members of the panel have any concerns that the trainee under review

is not eligible for a standard outcome (outcome 1 or outcome 6) then they should examine more detail in the ePortfolio and review more of the SLEs and other subsidiary information.

### **The CCT**

Once a trainee has completed training and been awarded an Outcome 6 at their final ARCP, they need to email the JRCPTB to confirm their completion of specialist training, **[specialistregistration@jrcptb.org.uk](mailto:specialistregistration@jrcptb.org.uk)**. There is a formal process to check the ePortfolio documentation. The JRCPTB will send the completed application to the specialty advisory committee (SAC) to review and approve. Once final approval has been received from the SAC, the JRCPTB will recommend entry onto the specialist register.

## Appendix 1

### Haematology ARCP decision aid 2021 ST3, ST4 and ST5 (draft)

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids>

Evidence/requirement	Notes	ST3 (Year 1)	ST4 (Year 2)	ST5 (Year 3)
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
Generic capabilities in practice (CiPs)	Mapped to <a href="#">Generic Professional Capabilities (GPC)</a> 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
Clinical 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 entrustment level for each individual CiP and overall global rating of progression	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs

Multiple consultant report (MCR)	Indicative requirement. 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	2	2	2
Multi-source feedback (MSF)	Minimum of 12 raters including <b>3 consultants</b> and a mixture of other staff	1	1	1
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (Mini-CEX)	Indicative requirement. 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 should be reflected on by the trainee	Minimum of 6 satisfactory To include: 1 safe prescribing 2 based around laboratory tests	Minimum of 6 satisfactory To include: 1 emergency out of hours situation 2 based around laboratory tests 1 consent	Minimum of 6 satisfactory To include: 1 Breaking bad news/ difficult clinical conversation 2 based around laboratory tests
Clinical activity	Active involvement in the care of patients presenting with haematological problems is defined as having sufficient input for the trainee's involvement to	Evidence of completion of laboratory induction course Evidence of competency prescribing chemotherapy Evidence that the trainee has been actively involved in the	Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> <li>• Appropriate SLEs</li> <li>• Reflective notes</li> </ul>	Evidence of transfusion training Evidence that the trainee has been actively involved in the clinical care of

	be recorded in the patient's clinical notes	clinical care of patients appropriate to their post <ul style="list-style-type: none"> <li>• Appropriate SLEs</li> <li>• Reflective notes</li> <li>• Clinical and educational supervisors reports</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical and educational supervisors reports</li> </ul>	patients appropriate to their post <ul style="list-style-type: none"> <li>• Appropriate SLEs</li> <li>• Reflective notes</li> <li>• Clinical and educational supervisors reports</li> </ul>
FRCPath (UK)	Failure to pass full FRCPath by the end of ST7 will result in a non-standard ARCP outcome	-	-	Passed part 1 FRCPath
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)		1 project completed with QIPAT or audit assessment ticket	
Teaching attendance	Indicative requirement of hours per training year to be specified at induction Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery
Practical Procedures** - Bone marrow aspiration and trephine - Administration of intrathecal chemotherapy	Minimum requirements	2 satisfactory DOPS in Bone marrow aspirate and trephine	2 satisfactory DOPS – competent in bone marrow aspiration and trephine 2 satisfactory DOPS – competent in administration of intrathecal chemotherapy*	Maintain competency

\*DOPs to show competency in intrathecal chemotherapy by the end of ST4 can have been done during ST3 or ST4.

\*\*Failure to become independent performing these procedures at ST4 will not be a barrier to progression, but will result in additional targeted training being required with a view to the trainee becoming independent in these procedures by the end of ST5.

### Haematology ARCP decision aid ST6 and ST7

Evidence/requirement	Notes	ST6 (Year 4)	ST7 (Year 5)
Educational supervisor (ES) report	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
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
Clinical 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 entrustment level for each individual CiP and overall global rating of progression	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs	ES to confirm trainee is performing at or above the level expected at this stage of training for all CiPs
Multiple consultant report (MCR)	Indicative requirement. 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	2	2
Multi-source feedback (MSF)	Minimum of 12 raters including <b>3 consultants</b> and a mixture of other staff	1	1

Patient Survey	Minimum of 20 patients selected consecutively from outpatient clinic, ward round or day unit		1
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (Mini-CEX)	Indicative requirement 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 should be reflected on by the trainee	Minimum 6 satisfactory To include: 2 based around laboratory tests 1 emergency out of hours situation	Minimum 6 satisfactory To include: 2 based around laboratory tests
Clinical activity	Active involvement in the care of patients presenting with haematological problems is defined as having sufficient input for the trainee's involvement to be recorded in the patient's clinical notes	Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> <li>• Appropriate SLEs</li> <li>• Reflective notes</li> <li>• Clinical and educational supervisors reports</li> </ul>	Evidence that the trainee has been actively involved in the clinical care of patients appropriate to their post <ul style="list-style-type: none"> <li>• Appropriate SLEs</li> <li>• Reflective notes</li> <li>• Clinical and educational supervisors reports</li> </ul>
FRCPath (UK)	Failure to pass full FRCPath by the end of ST7 will result in a non-standard ARCP outcome	-	Passed FRCPath part 2 (UK)
Quality improvement (QI) project	QI project plan and report to be completed. Project to be assessed with quality improvement project tool (QIPAT)		1 project (different to ST4) completed with QIPAT or audit assessment ticket



Teaching attendance	Indicative requirement of hours per training year to be specified at induction Summary of teaching attendance to be recorded in ePortfolio	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery	50 hours teaching attendance to include minimum of 20 hours teaching recognised for CPD points or organised/ approved by HEE local office or deanery
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## Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year.

Procedure	ST3	ST4	ST5	ST6	ST7
<b>Minimum level required</b>					
Bone marrow aspirate and trephine	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	Maintain	Maintain
Administration of Intrathecal chemotherapy	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	Maintain	Maintain

**Grid of minimum levels expected for Haematology specialty CiPs by year of training**

**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

Specialty CiP	Specialty training					CCT
	ST3	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
Laboratory Haematology: Providing a comprehensive haematology laboratory service, including investigation, reporting and blood transfusion	2	3	3	3	4	
Liaison Haematology: Providing safe clinical advice to colleagues on interpretation of haematology laboratory results, blood transfusion practice and haematological disorders	2	3	3	3	4	
Outpatient Haematology: Managing patients with suspected or known haematological disorders in the outpatient setting	2	2	3	3	4	
Day Unit Haematology: Managing patient in an ambulatory/day unit environment including specialist haematological treatments	2	3	3	3	4	
Inpatient Haematology: Providing continuity of care to inpatients with haematological conditions	2	3	3	3	4	
Haematological Emergencies: Managing acute haematological emergencies in all environments	3	3	3	4	4	
Managing end of life and palliative care skills	3	3	3	4	4	

## Appendix 3

### Suggested Structure for Induction Meeting with ES: Planning the training year

The induction meeting between the ES and the trainee is pivotal to the success of the indicative training year. It is the beginning of the training relationship between the two and needs both preparation and time. The induction meeting should be recorded formally in the trainee's ePortfolio. The meeting should be pre-planned and undertaken in a private setting where both can concentrate undisturbed.

The ES - Ahead of the meeting review:

- Reviews any documents have received about the trainee
- Reviews previous ES, ARCP etc. reports if available
- Agrees with the placement CSs how other support meetings will be arranged.

The trainee – ahead of the meeting draft PDP and personalised educational schedule

At the meeting, the following could be considered:

- Review the placements for the year
- Review the elements of the generic educational work schedule or its equivalent
- Review and agree the trainee's personalised educational work schedule for the year or its equivalent
- Review and agree the trainee's annual PDP and plan relevant training courses
- Discuss the trainee's career plans and help facilitate these
- Discuss the use of reflection and make an assessment of how the trainee uses reflection and dynamic PDPs
- Discuss the teaching programme
- Discuss arrangements for LTFT training if appropriate and the pro-rata evidence required for the annual ARCP
- For academic trainees: Consider impact of planned academic time on clinical training
- Plan additional meetings including the professional development meetings and the interaction with the placement CSs
- Planning of SLEs and WPBA
- Arrangements for MSF
- Review the ARCP decision aid
- Arrangements for Interim Review of Competence Progression (IRCP)
- Arrangements for ARCP and the writing and discussion of the ESR
- Pastoral support
- Arrangements for reporting of concerns
- Plan study leave

***At the end of the meeting the trainee should have a clear plan for providing the evidence needed by the ES to make the required entrustment decisions.***

### Important Points

- Trainee and ES to prepare for the meeting
- Make sure that knowledge of the curriculum is up-to-date
- Agree an individualised training plan for the indicative training year

### Appendix 4

#### Suggested structure for Induction Meeting with Clinical Supervisor (CS)

The trainee should also have an induction meeting with their placement CS (who may also be their ES). The meeting should be pre-planned and undertaken in a private setting where both can concentrate on the planning of the placement. This is also a time for CS and trainee to start to get to know each other.

Ahead of the meeting review the following should be considered:

- Review Transfers of Information on the trainee
- Review previous ES, ARCP etc. reports if available

The following areas will need to be discussed by the CS, some of which will reinforce areas already covered by the ES but in the setting of the particular placement:

- Review the training placement elements of the generic educational work schedule or its equivalent
- Agree the personalized educational work schedule for the placement or its equivalent
- Agree the PDP objectives and review how they map to the placement.
- Discuss the use of reflection and make an assessment of how the trainee uses reflection and dynamic PDPs
- Discuss procedural skill consolidation
- Discuss arrangements for LTFT training if appropriate
- Plan additional meetings including professional development meetings and the interaction with the placement CS (depending on whether the ES or CS will be undertaking these)
- Arrangements for MSF
- Review the ARCP decision aid
- Pastoral support
- Arrangements for reporting of concerns
- Plan study leave

## Appendix 5

### Writing a Personal Development Plan

A personal development plan (PDP) is a tool to guide doctors in their career, by helping them to review their performance and plan how they will acquire new skills. It helps to think about learning needs in a systematic way, so as to maximise educational benefit.

The PDP should be regularly reviewed and updated by the trainee with advice from their ES and CS.

There is a section of the ePortfolio for the trainee to record their PDP.

The trainee should refer to their curriculum, ePortfolio and the GMC's Good Medical Practice Framework. They should prioritise their goals starting with their main learning needs for that stage of training. Some items in the PDP may refer to the whole training scheme, others to a specific post.

- Step 1: Reflect on a current learning/ define a personal development need
- Step 2: Identify the primary goal(s) that will help to achieve that learning need
- Step 3: Plan the required steps to achieve that goal, the timescale and how to demonstrate that it has been achieved
- Step 4: Implement Step 3
- Step 5: Review the outcome – has PDP goal been achieved?

These steps emphasise that a PDP item should be SMART (Specific, Measurable, Attainable, Relevant and Time-Bound)

### Learning objectives

- The more specific the learning objective, the easier it is to construct an action plan, agree a focused date by which to achieve this and to evaluate how it has been achieved
- “Gaining confidence” on its own is very hard to measure and it is best to avoid this term in learning objectives
- Suggested words for learning objectives include: provide, learn, develop, deliver, manage, summarise, demonstrate, document and evaluate

**Several short specific PDP items are better than one extensive one**

**Example PDP item:**

**Objective**

**“To be signed off as competent in administering intrathecal chemotherapy”**

- To complete the training required to be able to safely administer intrathecal treatment in my role as ST3 in haematology

**Steps required**

- Read the intrathecal policy for the institution and make a note of the specific procedure which needs to be followed
- Observe a colleague administering an intrathecal
- Complete the local intrathecal training session
- Complete an observed intrathecal procedure with a DOPS to document the successful procedure

**Timescale**

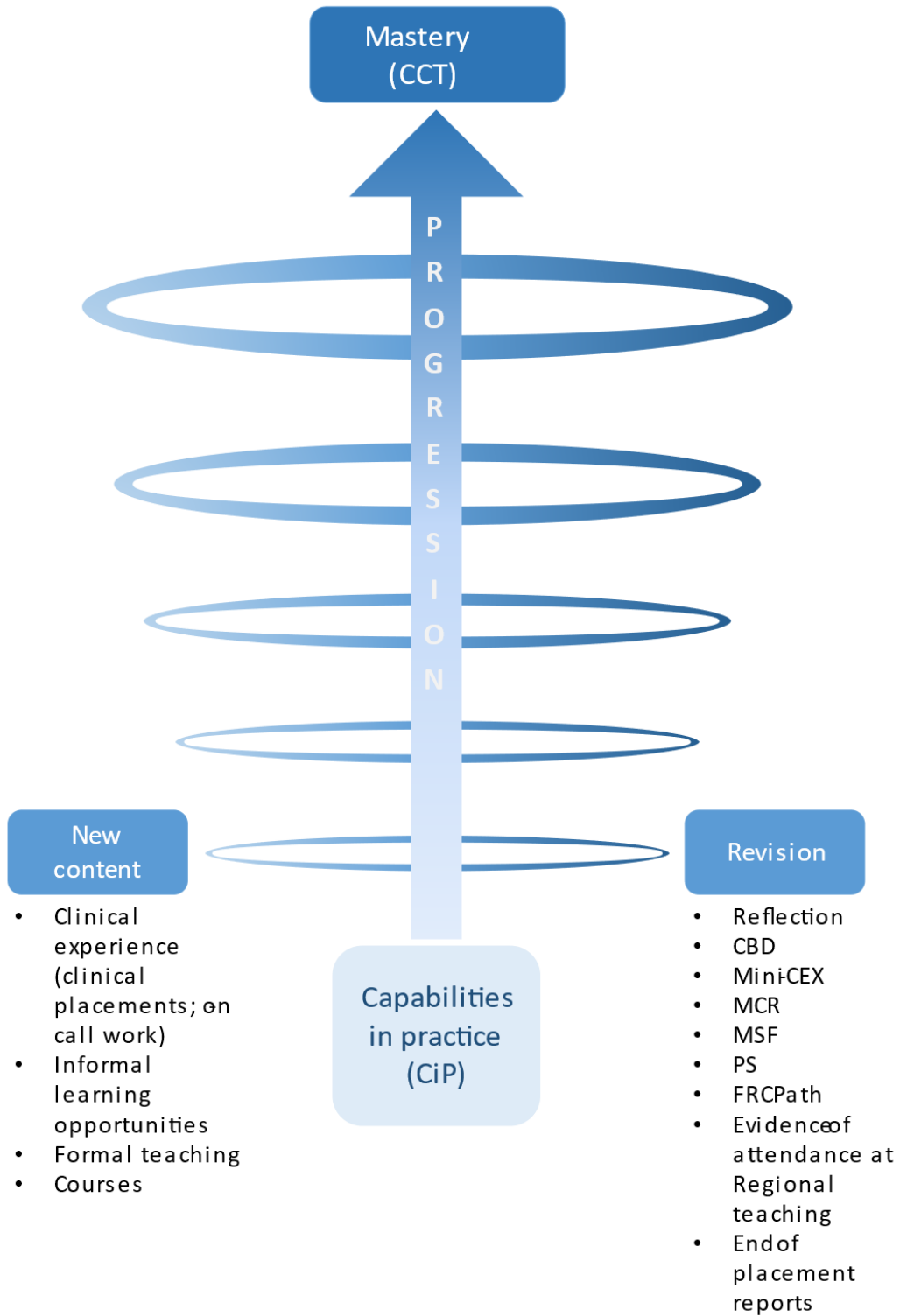
- Complete competency assessment by 3 months from start of post

**Evidence required**

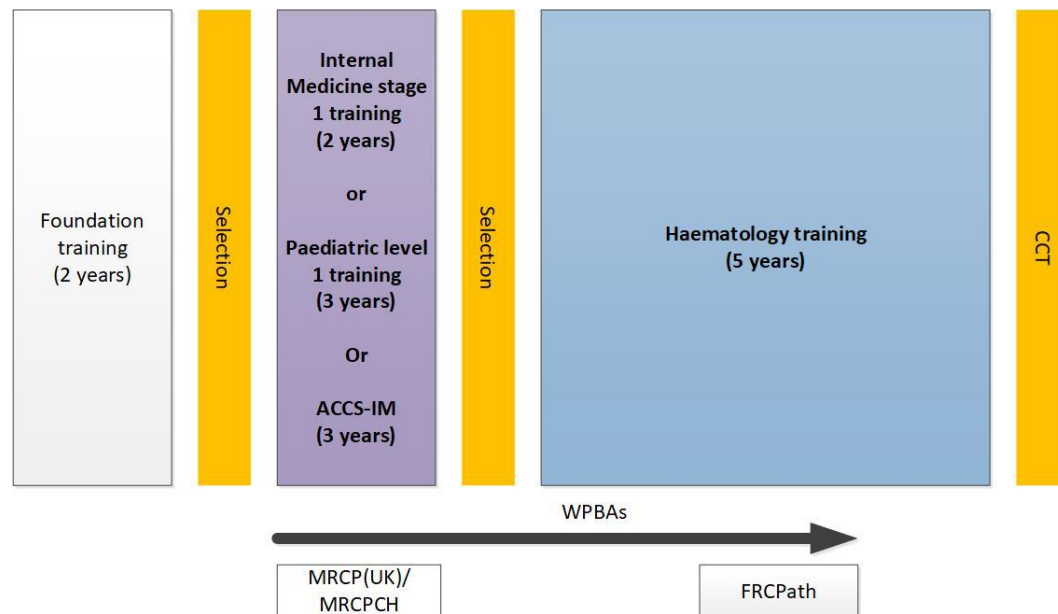
- Upload certificate of competency in intrathecal chemotherapy
- Complete DOPs in the procedure with the assessor

## Appendix 6 Additional information

### The structure of a spiral curriculum



## The Structure of Haematology training



## Training resources links

[Link to curriculum](#)

[Link to ARCP decision aid](#)

[Link to JRCPTB specialties page](#) - The slides and recording of the curriculum launch event held in June 2021 can be found on the Haematology JRCPTB specialty webpage

[Transfusion Training Checklist May 2015.docx](#)

[Guidance for training in Paediatric Haematology July 2014.pdf](#)

[Out of programme application form.docx](#)

[JRCPTB Physician Trainer Resources](#)



## Glossary of abbreviations

ACF	Academic Clinical Fellow
ACL	Academic Clinical Lecturer
ARCP	Annual Review of Competence Progression
CiP	Capabilities in Practice
CbD	Case-based Discussion
CCT	Certificate of Completion of Training
CS	Clinical Supervisor
DOPS	Direct Observation of Procedural Skills
EPA	Entrustable Professional Activity
ES	Educational Supervisor
ESR	Educational Supervisor's report
GPC	Generic Professional Capabilities
GMC	General Medical Council
JRCPTB	Joint Royal Colleges of Physicians Training Board
LTFT	Less than full-time training
MDT	Multidisciplinary Team
MCR	Multiple Consultant Report
Mini CEX	Mini Clinical Evaluation Exercise
MSF	Multi-Source Feedback
NTN	National Training Number
PDP	Professional Development Plan
PS	Patient Survey
QIPAT	Quality improvement project assessment tool
SAC	Specialty advisory committee
SLE	Supervised Learning Event
SMART	Specific, Measurable, Achievable, Realistic, Timely
TO	Teaching Observation
TPD	Training Programme Director
WPBA	Workplace Based Assessment

# JRCPTB

Joint Royal Colleges of Physicians Training Board

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