

Endocrinology & Diabetes ARCP Decision Aid for Iceland 2024

This decision aid for Endocrinology and Diabetes provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. The training requirements for Internal Medicine (IM stage 2) are set out in the IMT ARCP decision aid for Iceland. All numbers are indicative minimums. This document and the ARCP decision aid for IMT is available on the website for Postgraduate Medical Education in Iceland: <https://www.landspitali.is/fagfolk/menntun/sernam-laekna/>

Evidence / requirement	Notes	Year 1 (ST6)	Year 2 (ST7)	Year 3 (ST8)
Educational supervisor (ES) report	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 will meet all requirements needed to complete training
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings.	ES to confirm trainee meets expectations for level of training. ES confirms demonstration of overall improvement from previous year	ES to confirm trainee meets expectations for level of training ES confirms demonstration of improvement from previous year (unless already competent)	ES to confirm trainee meets expectations for level of training ES confirms demonstration of improvement from previous year (unless already competent)
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 entrustment level for each CiP	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 level 4 in all CiPs by end of training

Evidence / requirement	Notes	Year 1 (ST6)	Year 2 (ST7)	Year 3 (ST8)
Rotation abroad	Trainee must take a rotation at an university hospital outside of Iceland for a min of 12 months, max divided into two periods	Opportunity at this stage and should ideally be planned	Must be planned at this stage and should ideally be started at this stage	Must have completed the minimum time abroad to obtain CCT
Multiple consultant report (MCR)	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 -6	4 - 6	4 - 6
Multi-source feedback (MSF)	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 This must include a range of workforce from GIM (optional) and specialty.	1 This must include a range of workforce from GIM (optional) and specialty.	1 This must include a range of workforce from GIM (optional) and specialty.
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation	Indicative minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs as required to evidence CIPs. SLEs should be undertaken throughout the training	6 CBDs or mini-Cex (with a minimum of 4 CBDs)	6 CBDs or mini-Cex (with a minimum of 4 CBDs)	6 CBDs or mini-Cex (with a minimum of 4 CBDs)

Evidence / requirement	Notes	Year 1 (ST6)	Year 2 (ST7)	Year 3 (ST8)
exercise (miniCEX)	year by a range of assessors and diabetes and endocrinology. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee			
SCE	Can be either The Specialty Certificate Examination (SCE) in Endocrinology and Diabetes (UK) or The European Board Examination in Endocrinology, Diabetes and Metabolism (ESE, UEMS)	Opportunity to attempt at this stage	Ideally have attempted at this stage	Must have passed to obtain CCT
Advanced life support (ALS)		Valid	Valid	Valid
Patient Survey (PS)		1 optional		1 optional
Simulation	Simulation Teaching is increasingly used in various endocrinology centres and trainees must explore opportunities to enhance their training by accessing available resources.	Optional Evidence can be used towards SLEs	Optional Evidence can be used towards SLEs	Optional Evidence can be used towards SLEs
Teaching attendance	Indicative minimum hours per training year.	Attended a specialist training course, international conference or comparable annual Society meeting	By this stage, attended specialist training courses in diabetes and endocrinology.	Continued attendance at national meeting and

Evidence / requirement	Notes	Year 1 (ST6)	Year 2 (ST7)	Year 3 (ST8)
		or other accredited CPD events. Attendance at regional specialty study days expected. Minimum 60 hours of regional specialty education (covering a broad range of subject areas) expected over ST6 and ST7 spread roughly evenly.	Attendance at regional specialty study days expected. Minimum 60 hours of specialty education (covering a broad range of subject areas) expected over ST6 and ST7 spread roughly evenly.	regional specialty study days Attendance at regional specialty study days expected. Minimum 60 hours of specialty education (covering a broad range of subject areas) expected in ST8, 120hrs of specialist study over 3 years.
Teaching skills	Need to attend formal teaching course during HST and evidence of teaching during each year of training. In addition, trainees need to have evidence of being involved in delivering patient education.	Evidence of participation in teaching of med students, junior docs, AHP. To to be completed by ST6	Evidence of participation in teaching of med students, junior docs, AHP. To to be completed by ST7 or ST8 Teaching course (local or international) regarding patient education and empowerment planned	Evidence of participation and satisfactory feedback in teaching of med students, junior docs, AHP. To to be completed by ST7 or ST8 (2 overall in training) Teaching course (local or international) regarding patient education and empowerment should be completed by the end of ST8.

Evidence / requirement	Notes	Year 1 (ST6)	Year 2 (ST7)	Year 3 (ST8)
Leadership and Management experience:	There is a range of ways that a trainee can meet this outcome, one of which may be attendance at a relevant course.	Experience of presenting at diabetes and endocrine Multi-disciplinary meetings (eg pump, thyroid, adrenal, pituitary or other)	Leading or chairing skills or other experience of management (such as rota coordination) demonstrated from ST6	Completing a leadership and management course by end of training or equivalent experience within local training programme.
Research/ Audit/Quality improvement (QI) projects:	Evidence of research awareness, critical appraisal of literature and analysis. Presentation of poster at a meeting expected in training. Networking and sharing experience are an important part of the specialty. QI Project to be assessed with quality improvement project tool (QIPAT) The importance of Audits and QI projects are recognized equally important as research, and it's accepted that trainee emphasize on one over the other.	Evidence of literature search and critical appraisal of research or guidelines presented at a meeting or journal club (locally) in ST6 or ST7. or 1 completed Audit or Quality Improvement Project in either ST6 or ST7. Leadership of the Audit or Quality improvent Project is suggested.	Evidence of presentation of literature review, poster, or publication submitted (regionally or nationally) in ST6 or 7 or 1 completed Audit or Quality Improvement Project in either ST6 or ST7. Leadership of the Audit or Quality improvent Project is suggested.	Evidence of presentation of literature review, poster, or publication submitted (regionally or nationally) in ST7 or ST8. Poster or publication can be either research or Audit/Quality Improvement.

Levels to be achieved by the end of each training year and at critical progression points 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

Specialty CiP	ST6	ST7	ST8	CRITICAL PROGRESSION POINT
1. Providing diagnosis and management of diabetes mellitus as a longterm condition in outpatient, ambulatory or community settings	2	3	4	
2. Providing diagnosis, support and management for people with diabetic foot disease	2	3	4	
3. Providing diagnosis, support and management for women with diabetes and endocrine disorders in the perinatal period	2	3	4	
4. Providing diagnosis, support and management of diabetes and endocrine disorders in adolescents and young adults (AYA)	2	3	4	
5. Providing diagnosis, support and management for people with endocrine disorders in the outpatient and ambulatory settings	2	3	4	
6. Providing support and management of diabetes and endocrine disorders in the perioperative period	2	3	4	
7. Providing support and management of people with diabetic and endocrine emergencies including management of these conditions during acute illness	2	3	4	