JRCPTB

Joint Royal Colleges of Physicians Training Board

DRAFT Audiovestibular Medicine ARCP Decision Aid 2021

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	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
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	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. 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	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	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	ES to confirm level 4 in all CiPs by end of training

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
	must complete self-rating to facilitate discussion with ES. ES report will confirm 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	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	1	1	1	1	1

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
	discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF					
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	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	12 Ideally 6 CbD and 6 mini-CEX	12 Ideally 6 CbD and 6 mini-CEX	12 Ideally 6 CbD and 6 mini-CEX	12 Ideally 6 CbD and 6 mini-CEX	12 Ideally 6 CbD and 6 mini-CEX

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
	reflected on by the trainee					
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	Evidence of participation in audit	Evidence of participation in audit	Evidence of participation in audit	Evidence of completion of an audit with major involvement in design, implementation, analysis and recommendations	Satisfactory portfolio of audit involvement
Teaching attendance	An indicative minimum 2-3 hours per training year. To be specified at induction	Evidence of participation in teaching of medical students, junior doctors, counsellors and other HP's Assessed by T.O.	Evidence of participation in teaching of medical students, junior doctors, counsellors and other HP's	Evidence of participation in teaching of medical students, junior doctors, counsellors and other HP's	Evidence of participation in teaching. Evidence of understanding of the principles of adult education via a training course. Assessed by T.O.	Portfolio of evidence of ongoing evaluated participation in teaching.
Patient Survey		1		1		1

PG Cert in MSc level Audiology or alternative SAC, GMC approved educationally equivalent knowledge based assessment is a requirement before completing training

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
			Minimum level required		
Wax removal	Perform with supervision	Perform with minimal supervision	Perform independently	Perform independently	Perform independently
Particle repositioning manoeuvres	Perform with supervision	Perform with minimal supervision	Perform independently	Perform independently	Perform independently
Audiological tests (Distraction test, PTA, play audiometry, tympanometry, OAE)	Perform with supervision	Perform with supervision	Perform with minimal supervision	Perform independently	Perform independently
Audiological tests (VRA, Acoustic reflexes, ABR, CERA, Speech audio, APD tests)	Perform with supervision	Perform with supervision	Perform with supervision	Perform with supervision	Perform with supervision
Vestibular tests (v-HIT, caloric)	Perform with supervision	Perform with supervision	Perform with minimal supervision	Perform independently	Perform independently
Vestibular tests ENG, (VNG, Rotational chair, VEMPs, Posturography)	Perform with supervision	Perform with supervision	Perform with supervision	Perform with supervision	Perform with supervision

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).

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

Outline grid of levels expected for Audiovestibular Medicine specialty CiPs

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

Specialty CiP	ST3	ST4	ST5	ST6	ST7	CRITICAL PROGRESSION POINT
Able to formulate a holistic audiovestibular analysis and prioritise	2	2	3	3	4	
Able to diagnose and manage audiovestibular and co-morbid medical conditions	2	2	3	3	4	
Diagnosis and medical management of hearing disorders and dysacuses across all ages of adults within a holistic biopsychosocial framework	2	2	3	3	4	
Diagnosis and medical management of vestibular disorders across all ages of adults within a holistic biopsychosocial framework	2	2	3	3	4	
Diagnosis and medical management of hearing disorders and dysacuses in neonates and children within a holistic biopsychosocial framework	2	2	3	3	4	
Diagnosis and medical management of vestibular disorders in neonates and children within a holistic biopsychosocial framework	2	2	3	3	4	
Able to work in multidisciplinary Audiovestibular Medicine teams	2	3	3	3	4	

Managing and leading multidisciplinary Audiovestibular Medicine service	2	2	3	3	4	