

Allergy ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome

Core Training

	RITA Month 8	RITA Month 16	RITA Month 23
Emergency Presentations	Some experience of all	Level 1 competent in all	Level 1 competent in all
Top 20 Presentations	Some experience of 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence) Some experience of all	Level 1 competent in all (mini-CEX / CbD / ACAT evidence)
Other Presentations	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 Competent in all relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)
Procedures	Competent in all procedures relevant to specialties experienced so far (DOPS evidence)	Competent in all procedures relevant to specialties experienced so far and Competent in 1/2 of all procedures (DOPS evidence)	Competent in all procedures (DOPS evidence)
Generic Competencies (Focus areas)	Some experience of 1/2 of Mandatory Level 1 Competency Focus Areas (mini-CEX / CbD / ACAT evidence)	Some experience of all Level 1 areas Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in all Level 1 Competency Focus areas Some experience of 1/2 of Level 2 Competency Focus areas (mini-CEX / CbD / ACAT evidence) Satisfactory progress in MSF
Examinations	-	Review MRCP (UK) Part I progress	MRCP (UK) Part I
ALS	Valid	Valid	Valid
Minimum number of workplace assessments	Minimum of 3 ACATs should be done per year (aiming for 6 per year) + min of 4 mini-CEX per year + min of 4 CbD per year + DOPS until independence in procedures demonstrated + 1 MSF per year		
Events giving concern	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety		

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Specialist Allergy Training

Curriculum topic(s)	ST3	ST4	ST5	ST6	CCT
Relevant immunological knowledge (Table 1.1 of curriculum)	Competence in at least 2 topics (CBD, KT, LP, PG)	Competence in at least 5 topics (CBD, KT, LP, PG)	Competence in at least 10 topics (CBD, KT, LP, PG)	Firm plans to attain full competence in outstanding topics	Full knowledge of all topics (CBD, KT, LP, PG)
Relevant laboratory experience (Table 2 of curriculum)	Plans should be in place to complete and assess laboratory experience by end of Year 4 (DOPS, PG, LP)				Full knowledge of all procedures (DOPS, PG, LP)
Specialist topics 1-13 in allergy curriculum	Competence in at least 2 topics (CBD, CEX, DOPS, PG, LP, T)	Competence in at least 5 topics (CBD, CEX, DOPS, PG, LP, T)	Competence in at least 10 topics (CBD, CEX, DOPS, PG, LP, T)	Firm plans to attain full competence in outstanding topics	Fully competent in all topics
Generic Competencies (Focus areas)	Competent in number of Level 2 Focus Areas proportional to total time of training from ST3 to CCT, and competent in ALL Level 2 Focus Areas by final year RITA				
Examination	MRCP(UK) Diploma		Specialist Exam Attempted	Specialist Exam Passed	
ALS	Valid	Valid	Valid	Valid	Valid
MSF	Satisfactory		Satisfactory		
Minimum number of work place assessments	3 CEX or 2 DOPS 1 MSF, 2 CBD	3 CEX or 2 DOPS, 2 CBD	3 CEX or 2 DOPS 1 MSF, 2 CBD	3 CEX or 2 DOPS, 2 CBD	

Definition of competence:

Educational Supervisor sign off of all aspects of specialist topics 1-13 of the allergy curriculum supported by PG, LP, T, CBD, CEX, DOPS evidence as appropriate.

Definition of terms:

*PG = attendance at relevant postgraduate courses; *LP = Evidence of literature search for appropriate reviews, protocols and standard operating procedures; *T= evidence from presented lectures and teaching sessions; CBD = Reports on case based discussion; CEX = Clinical competence test; DOPS = Direct observation of procedures performed; ALS = advanced life support training; MSF = Multi-Source Feedback.

*These are not strictly methods of assessment but may be used to inform evidence of competence.