

Audiological Medicine ARCP Decision Aid - minimal standards for ARCP (satisfactory progress) outcome

Core Medical 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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Audiological Medicine Specialty Training

Curriculum topic(s)	ST3	ST4	ST5	ST6	ST7
Paediatric and Adult Audiological Medicine Vestibular Medicine	Competent in 20% of curriculum	Competent in 40% of curriculum	Competent in 60% of curriculum	Competent in 80% of curriculum	Competent in 100% of curriculum
Generic curriculum	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				
Developmental paediatrics	Completed				
ENT surgery	Completed				
Other secondments	-	2 completed	4 completed	6 completed	8 completed
MRCP / MRCPCH	Passed				
Diploma in AVM	1 module	2 modules	4 modules	5 modules	Completed
Multi-source feedback per year	1	0	0	1	0
Minimum number of CbD assessments per year	6	6	6	6	6
Minimum number of mini-CEX assessments per year	4	4	4	4	4

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Stage of training	Level of Competence	Assessment Method				
		Mini CEX	CdD	Training record	Diploma	MSF
ST3	To know the correct room arrangement for consultation/examination of a paediatric or adult patient	X		X		
	To be able to take a good history and perform a detailed general examination of both adults and children	X	X	X		
	To be confident in examining the ear, nose and throat	X		X		
	To have had deaf awareness training and to be aware of deaf culture	X	X	X		
	To be able to communicate well with all patients and, in the case of children, with their parents.	X		X		X
	To understand the roles of the multi-disciplinary team members and to communicate appropriately with the team members	X	X	X		X
	To know how to perform pure tone audiometry, tympanometry, OAE and ABR.			X		
	To have completed successfully 6 months training (2 to 3 sessions a week) in Otorhinolaryngology and in developmental paediatrics (2 out of 10 related specialties).			X		
	To be able to manage simple cases with consultant support.	X		X		
	To have completed at least 1 module of the diploma in Audiovestibular Medicine successfully				X	
ST4	Increasing competence with managing simple cases. Should seek advice for problems but independent with uncomplicated simple cases	X	X	X		
	Should have completed secondments in at least 2 additional related specialties (4 out of 10)			X		
	Able to perform PTA, tymps, OAE, distraction test, toy tests, speech discrimination tests.			X		
	Confident in communicating with multi-disciplinary team	X		X		X
	To have completed at least 2 modules of the diploma in Audiovestibular Medicine				X	
ST5	Increasing competence in managing more complex cases. Independent with simple cases	X	X	X		X
	Should have completed secondments in at least a further 2 related specialties (6 out of 10)			X		
	Able to perform more complicated tests eg ABR, bithermal calorics			X		
	To have completed at least 4 modules of the diploma in Audiovestibular Medicine				X	
ST6	Increasing competence in managing more complex cases. Independent with moderately complex cases.	X	X	X		X
	Competent in communication with colleagues and patients.					X
	Should have completed 8 secondments			X		
	Most of training record should have been covered	X	X	X		
	To have completed at least 5 modules of the diploma in Audiovestibular Medicine				X	
ST7	Confident managing moderately complex cases in all areas of curriculum	X	X	X		X
	Should have completed higher level training in Neuro-otology, S&L disorders in children, vestibular disorders in children, cochlear implant etc.			X		
	Should have completed all secondments			X		
	Training record should be complete			X		
	To have completed the diploma in Audiovestibular Medicine				X	

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