

**Clinical Neurophysiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome**

**Core Training**

	<b>RITA Month 8</b>	<b>RITA Month 16</b>	<b>RITA Month 23</b>
<b>Emergency Presentations</b>	Some experience of all	Level 1 competent in all	Level 1 competent in all
<b>Top 20 Presentations</b>	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)
<b>Other Presentations</b>	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)
<b>Procedures</b>	Competent in all procedures relevant to specialties experienced so far (DOPS evidence)	Competent in all procedures relevant to specialties experienced so far <b>and</b> Competent in 1/2 of all procedures (DOPS evidence)	Competent in all procedures (DOPS evidence)
<b>Generic Competencies (Focus areas)</b>	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
<b>Examinations</b>	-	Review MRCP (UK) Part I progress	MRCP (UK) Part I
<b>ALS</b>	Valid	Valid	Valid
<b>Minimum number of workplace assessments</b>	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		
<b>Events giving concern</b>	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		

**Clinical Neurophysiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome**

**Clinical Neurophysiology Specialist Training**

	<b>ST3</b>	<b>ST4</b>	<b>ST5</b>	<b>ST6</b>
<b>Examinations</b>	MRCP(UK) Diploma		Specialist Exam	
<b>MSF</b>	Satisfactory		Satisfactory	
<b>Patient Survey</b>			Satisfactory	
<b>Workplace Assessment</b>	6 satisfactory DOPS or MiniCEX	6 satisfactory DOPS or MiniCEX	6 satisfactory DOPS or MiniCEX	6 satisfactory DOPS or MiniCEX
<b>Experience</b>	Appropriate indicative procedure numbers	Appropriate indicative procedure numbers	Appropriate indicative procedure numbers	Appropriate indicative procedure numbers
<b>Educational supervisor's report</b>	Satisfactory	Satisfactory	Satisfactory	Satisfactory
<b>Generic competencies</b>	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 (MSF / mini-CEX / PS evidence)			

Notes:

- 1) MRCP diploma is required by the end of ST3. If this has not been obtained a RITA E is issued and specialist training cannot recommence until the diploma has been awarded. Trainees without MRCP at the end of ST3 will need the support of their deanery to obtain further general medical experience or tuition to enable them to pass the examination.
- 2) DOPS is the main place of work assessment method for clinical neurophysiology. It is a test of underpinning knowledge and attitudes as well as practical skills. Trainees are required to have 3 satisfactory DOPS in each of the curricular areas S5, S6, S7, S8, S9 and S10 by the end of ST6.
- 3) A satisfactory DOPS is one with scores of 4 or above in all domains.
- 4) Curricular areas S5, S7 and S9 are core to the specialty, whilst S6, S8 and S10 are advanced clinical neurophysiology techniques.
- 5) MiniCEX is the assessment method for the clinical neurology component of training (S4). A satisfactory assessment is a score of 4 or above in all domains. Six satisfactory miniCEX assessments are required by the end of ST6.
- 6) At the end of ST3 evidence of 6 satisfactory DOPS or miniCEX assessments is required. The combination will depend on the proportion of clinical neurophysiology and clinical neurology that the trainee has undertaken in the year. If this number of assessments is not achieved the RITA panel will issue a RITA D or E, depending on the panel's assessment of the ability of the trainee to complete successfully the assessments require over the next year of training.
- 7) At the end of ST4 a further 6 satisfactory assessments, either DOPS or miniCEX are required. Failure to complete these assessments leads to a RITA D or E, as in item 6.
- 8) At the end of ST5 a further 6 satisfactory assessments is required, as in item 7. By this stage all 9 DOPS in the core areas of the curriculum should be completed. Failure to do should lead to issue of a RITA D or RITA E, depending on the panel's assessment of the ability of the trainee to complete successfully the assessments on the core curriculum required over the next year of training.

## **Clinical Neurophysiology ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome**

- 9) By the end of ST5 at least 3 satisfactory DOPS in curricular areas S6, S8 and S10 should be complete. Failure to do should lead to issue of a RITA D or RITA E, depending on the RITA panel's assessment of the candidate's ability to successfully complete the required number of DOPS in ST6.
- 10) The remaining DOPS in curricular areas S6, S8 and S10 should be satisfactorily completed in ST6. For a RITA G to be awarded, the trainee must have 18 satisfactory DOPS and 6 miniCEX assessments, as described above.
- 11) Trainees are expected to undertake 2 MSF assessments during their training. One in ST3 and the second before the end of ST5. A satisfactory assessment is a mean score of 4 or above in all domains. Failure to provide a satisfactory MSF at the end of ST3 and again at the end of ST5 leads to a RITA D or E, depending on the panel's assessment of the ability of the trainee to redress the identified deficiency over the next year of training.
- 12) The MCQ assessment of knowledge base (Specialist Examination) in clinical neurophysiology is under development. When introduced trainees are required to demonstrate that they have participated in the assessment before the end of ST5. Failure to participate at this stage leads to a RITA D. Satisfactory performance on the assessment method will not be possible until the MCQ test is validated.
- 13) Evidence of assessment at the Penultimate Year Assessment requires 2 satisfactory MSFs, 18 satisfactory MiniCEX or DOPS, which must include 9 DOPS covering curricular areas S5, S7 and S9, and evidence of participation in the MCQ test (when available).
- 14) The 3 DOPS in core curriculum areas should avoid reduplication of subject matter and should be performed by at least 2 different trainers.
- 15) For the DOPS on S5, trainees choose a combination from the following lists, with minimal overlap between assessments: list 1- adult, child, sleep, wake, inpatient, outpatient, ITU or off-site; list 2 – epilepsy, acute encephalopathy, neurodegenerative disorder, normal.
- 16) For the DOPS on S7, trainees choose a combination from the following lists, with minimal overlap between assessments: list 1 - adult, child, outpatient, ITU or off-site; list 2 – focal nerve entrapment, generalized peripheral neuropathy, radiculopathy, motor neurone disease, myopathy.
- 17) For the DOPS on S9, trainees choose a combination from the following lists, with minimal overlap between assessments: list 1 - adult, child; list 2 – multiple sclerosis, other central nervous system disorders, normal.
- 18) It is expected that should trainees perform unsatisfactorily in a DOPS, mini CEX or MSF, remedial action will be taken by their educational supervisor at place of work and the assessment repeated, and if necessary additional assessments undertaken within the Region or by an independent external assessor.
- 19) Indicative procedure numbers are recorded in the Training Log Book. The RITA panel is responsible for assessing whether the number complete in the previous year is appropriate for the trainees timetable over that time.
- 20) The patient survey is being developed.
- 21) The educational supervisor's report should be considered by the RITA panel.