

Immunology 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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Immunology Specialist Training

Curriculum topic	ST3	ST4	ST5	ST6	ST7
Fundamental Immunology	Knowledge and understanding of 50% of subject area	Knowledge and understanding of 80-100% of subject area			
Primary immunodeficiency	Some experience of 25% of disorders	Level 1 competent in 50% of disorders	Level 1 competent in 80% of disorders	Level 2 competent in 80% of disorders	Level 3 competent in 80% of disorders
Autoimmune disease and systemic vasculitides	Some experience of 25% of disorders	Level 1 competent in 50% of disorders	Level 1 competent in 80% of disorders	Level 2 competent in 80% of disorders	Level 3 competent in 80% of disorders
Allergy	Some experience of 25% of disorders	Level 1 competent in 50% of disorders	Level 1 competent in 80% of disorders	Level 2 competent in 80% of disorders	Level 3 competent in 80% of disorders
Laboratory Immunology (see laboratory training manual and record)				Level 3 competent in all core areas of laboratory immunology	
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 (mini-CEX / Cbd / PS evidence)				
Examinations	MRCP (UK) Diploma		MRCPath part I		MRCPath part II
MSF	Satisfactory		Satisfactory		
Patient Survey	Satisfactory		Satisfactory		
Minimum number of work place assessments (comprising a combination of mini-CEX, DOPS, and Cbd)	6	6	6	6	6

The above table serves as a guide to RITA panels in assessing the progress of trainees in Immunology. The rate at which each individual trainee will acquire the necessary knowledge base in the 4 main subject areas of the curriculum (fundamental immunology, immunodeficiency, autoimmune disease and allergy) will inevitably vary. The incremental nature of the percentages set out in the table are meant to be interpreted flexibly and designed to ensure that the progress of trainees is measurable. While failure to achieve coverage of the precise proportion of the curriculum at the end of each year should not be seen as an insurmountable barrier to trainee progress, it is necessary for all trainees to achieve Level 3 competence across the curriculum and complete the MRCPath examination by the end of the training programme.