

Allergy, Clinical and Laboratory Immunology (ACLI) *currently known as Immunology* - ARCP Decision Aid 2021

DRAFT V2

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 must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each CiP	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
Multiple consultant report (MCR)	An indicative minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical	2	2	2	2	2

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
	work. The ES should not complete an MCR for their own trainee					
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 discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF	1	1	1	1	1
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 reflected on by the trainee	7 – to include 2 assessments of laboratory capabilities (CiPS 3, 7 & 8)	7 – to include 2 assessments of laboratory capabilities (CiPS 3, 7 & 8)	7 – to include 2 assessments of laboratory capabilities (CiPS 3, 7 & 8)	7 – to include 2 assessments of laboratory capabilities (CiPS 3, 7 & 8)	7 – to include 2 assessments of laboratory capabilities (CiPS 3, 7 & 8)
FRCPATH examinations	It is recommended that trainees pass Part 1 by the end of ST5 in order to progress and allow time to obtain Part 2. Both parts of the FRCPATH must be completed by the end of training.			FRCPATH Part 1 passed		FRCPATH Part 2 passed

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
Critical case presentations	Trainees should put together a case report demonstrating capability in presenting to a Grand Round, MDT, national training day or submission as a case report (evidence of literature search, critical analysis and coherent reasoning)		2	2	2	2
Advanced life support (ALS)		Valid	Valid	Valid	Valid	Valid
Patient Survey		1		1		
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)		1 completed project		1 completed project	
Teaching	Assessment of delivering teaching using Teaching Observation (TO) tool		1			1

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
Skin Prick Testing	Competent to perform unsupervised	Maintain	Maintain	Maintain	Maintain
Intradermal Testing	Perform under supervision	Competent to perform unsupervised	Maintain	Maintain	Maintain
Drug Provocation Test	Perform under supervision	Perform under supervision	Perform under supervision	Competent to perform unsupervised	Maintain
Food Provocation Test	Perform under supervision	Perform under supervision	Perform under supervision	Competent to perform unsupervised	Maintain
Drug Desensitization	Perform under supervision	Perform under supervision	Perform under supervision	Perform under supervision	Competent to perform unsupervised
Aeroallergen Immunotherapy	Perform under supervision	Perform under supervision	Competent to perform unsupervised	Maintain	Maintain
Venom Immunotherapy	Perform under supervision	Perform under supervision	Competent to perform unsupervised	Maintain	Maintain
Perioperative anaphylaxis assessment	Perform under supervision	Perform under supervision	Perform under supervision	Competent to perform unsupervised	Maintain
Spirometry	Competent to perform unsupervised	Maintain	Maintain	Maintain	Maintain
Fractional Exhaled nitric oxide (FeNO)	Competent to perform unsupervised	Maintain	Maintain	Maintain	Maintain
Anterior Rhinoscopy	Competent to perform unsupervised	Maintain	Maintain	Maintain	Maintain

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

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	Specialty training					CCT
	ST3	ST4	ST5	ST6	ST7	
1. Managing, developing, and delivering allergy services in all appropriate service settings	2	2	3	3	4	CRITICAL PROGRESSION POINT
2. Managing, developing, and delivering clinical immunology services in all appropriate service settings	2	2	3	3	4	
3. Providing advice to colleagues on selection, interpretation and limitations of laboratory and other investigations for common immunological and allergic conditions	2	2	3	4	4	
4. Supporting the management of patients with allergy, immunodeficiency and autoimmune disease, and auto-inflammatory disease, in liaison with other specialties including primary care	2	2	3	3	4	
5. Delivering and supporting both immune-mediated and other therapeutic interventions in allergic and immunological conditions	2	2	3	3	4	
6. Understanding the needs of adolescents and young adults with immunological and allergic diseases transitioning to adulthood	2	2	3	3	4	
7. Able to deliver a clinical laboratory liaison service to support investigation and management of allergic and immunological disorders across primary and secondary care	2	2	3	3	4	
8. Able to lead, supervise and deliver immunology laboratory diagnostic services	2	2	2	3	4	