

2015 Audiovestibular Medicine ARCP Decision Aid

The table that follows includes a column for each training year which documents the targets that have to be achieved for a satisfactory ARCP outcome at the end of the training year for trainees on the **2015 Audiovestibular Medicine curriculum**. Please refer to the JRCPTB website (www.jrcptb.org.uk) for the most up to date version of the ARCP decision aid.

Curriculum topic(s)	ST3	ST4	ST5	ST6	ST7
Paediatric and Adult Audiological and Vestibular Medicine	Evidence of engagement with 20% of competencies Educational supervisor confirmation of level 2 competency in some subjects	Evidence of engagement with 40% of competencies Educational supervisor confirmation that level 2 in approx. 40% of subjects	Evidence of engagement with 60% of competencies Educational supervisor confirmation that level 2 in most areas	Evidence of engagement with 80% of competencies Educational supervisor confirmation of level 2 in approx 80% of subjects and level 3 in some subjects	Evidence of engagement with all competencies Educational supervisor confirmation that will reach level 3 competency in all areas on completion of training
Fundamental competencies	Competent at level 1 across all areas	Competent at level 2 across some areas	Competent at level 2 in most areas	Competent at level 3 across some areas	Competent at level 3 across all areas
General Medicine/Internal Medicine ¹			Completed		
Paediatrics and Developmental paediatrics ¹			Completed		
Otorhinolaryngology ¹			Completed		
Other secondments		2 Completed	4 Completed	7 Completed	10 Completed
Taught modules in Basic Sciences			Completed ²		

Courses	Trainees must demonstrate competencies as detailed in the following (please refer to guidance on the JRCPTB website www.jrcptb.org.uk/specialties/audio-vestibular-medicine for suggested methods for meeting these outcomes (eg national, regional or local courses):				
	<ul style="list-style-type: none"> • Cardio Pulmonary Resuscitation – adult and child • Child Safeguarding level 3 • Safeguarding vulnerable adults • Dizziness • Aetiology • Management skills • Equality and Diversity or Equal Opportunity training 				
Multi-source feedback (MSF)		1		1	
Minimum number of mini CEX	6	6	6	6	6
Minimum number of CbD	6	6	6	6	6
Supervised learning events (SLEs) – CbDs and mini-CEX - should be performed proportionately throughout each training year by a number of different assessors across the breadth of the curriculum with structured feedback and action plans to aid the trainee's personal development					
DOPS/ PPS	20% of procedures	40% of procedures	60% of procedures	80% of procedures	100% of procedures
Patient Survey	0	1	1	0	1
Audit Assessment Tool or QIPAT	1	1	1	1	1
Teaching Observation	1	1	1	1	1
Knowledge based assessment ³	1	1	1	1	1

Footnotes

¹ Secondments in General Medicine/Internal Medicine, Otolaryngology and Paediatrics & Developmental Paediatrics are seen as being essential as early attachments for safe practice in AVM. It is expected that when a trainee has their initial clinical placement in paediatric Audiovestibular Medicine clinics, they should have attachments in Paediatrics & Developmental Paediatrics during that period and not during a placement in adult Audiovestibular Medicine, even if this training has to be delayed to the second year of training.

² There may be rare occasions where a trainee has made good progress but has been unable to complete all the requirements laid down in the decision guide for the year of training. This is likely to occur if ST3 is initially in an entirely adult post or if there is a delay in commencing the taught modules on basic science. Progression from ST3 to ST4 will be at the discretion of the ARCP panel and based on progress the trainee has made with reasonable allowance made for an atypical timetable.

³ It is expected that a trainee will complete a KBA paper every year of training during the pilot phase. The formative nature of the paper will provide feedback to trainees to help shape future training objectives. It is understood that a trainee's availability to sit every paper cannot be guaranteed and so the minimum number of KBA papers a trainee is expected to complete is 4 over the five year training period. It is important that a trainee ensures a paper is taken prior to the PYA. The returned KBA paper will be discussed with the Educational Supervisor in order to guide recommendations for future training needs.