JRCPTB

Joint Royal Colleges of Physicians Training Board

DRAFT Neurology ARCP Decision Aid 2022

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. The training requirements for Internal Medicine (IMS2) are set out in the IMS2 ARCP decision aid. The training requirements for Stroke Medicine are set out in the IMS2 ARCP decision aid. The ARCP decision aids are available on the JRCPTB website: https://www.jrcptb.org.uk/training-certification/arcp-decision-aids.

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
Educational supervisor (ES) report	To provide triangulation of ePortfolio evidence, context for interpretation of CbD and mini-CEXs, and a summary of the MCR and any actions resulting. 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 the Generic Professional Capabilities (GPC) framework and assessed using global ratings (1-4). 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 (1-4) expected for each year of training. Trainees must complete self-rating to	ES to confirm trainee is performing at or above the level	ES to confirm trainee is performing at or above the level	ES to confirm trainee is performing at or above the level	ES to confirm trainee is performing at or above the level	ES to confirm level 4 in all CiPs by end of training

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
	facilitate discussion with ES. ES report will confirm entrustment level for each neurology CiP.	expected for all CiPs	expected for all CiPs	expected for all CiPs	expected for all CiPs	
Stroke Medicine Specialty capabilities in practice (CiPs)	See the Stroke Medicine Decision Aid	See the Stroke Medicine Decision Aid	See the Stroke Medicine Decision Aid	See the Stroke Medicine Decision Aid	See the Stroke Medicine Decision Aid	See the Stroke Medicine Decision Aid
Multiple consultant report (MCR)	Indicative minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee.	4	4	4	4	4
Multi-source feedback (MSF)	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. This should cover the scope of training and can include IMS2 as well as Stroke Medicine.	1	1	1	1	1

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
Supervised learning events (SLEs): Acute care assessment tool (ACAT)	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. Each ACAT must include a minimum of 5 cases. ACATs should be used to demonstrate global assessment of trainee's performance on take or presenting new patients on ward rounds, encompassing both individual cases and overall performance (eg prioritisation, working with the team). It is not for comment on the management of individual cases	ACAT is not mandatory but can be used to provide additional evidence of capability.	ACAT is not mandatory but can be used to provide additional evidence of capability.	ACAT is not mandatory but can be used to provide additional evidence of capability.	ACAT is not mandatory but can be used to provide additional evidence of capability.	ACAT is not mandatory but can be used to provide additional evidence of capability.
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation	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	4xmini-CEX and 4xCbD in each year broadening curriculum coverage and complexity.	4xmini-CEX and 4xCbD in each year broadening curriculum coverage and complexity.	4xmini-CEX and 4xCbD in each year broadening curriculum coverage and complexity.	4xmini-CEX and 4xCbD in each year broadening curriculum coverage and complexity.	4xmini-CEX and 4xCbD in each year broadening curriculum coverage and complexity.

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
exercise (mini-CEX, and mini-IPX).	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					
SCE/KBA				Specialty Certificate Examination (SCE) attempted	SCE passed/attempted	Specialty Certificate Examination passed to achieve CCT
Advanced life support (ALS)		Valid	Valid			Valid
Patient Survey (PS)						1 satisfactory patient survey completed within 1 year of CCT
Audit or Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)			First Audit or Quality improvement (QI) project to be completed by the end of ST6		Second Audit or Quality improvement (QI) project to be completed before CCT
Simulation	Simulation training in stroke reperfusion therapy is recommended but not mandatory					

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
Teaching attendance	An indicative minimum number of hours per training year. To be specified at induction	Must maintain a CPD diary of local and regional training	Must maintain a CPD diary of local and regional training	Must maintain a CPD diary of local and regional training	Must maintain a CPD diary of local and regional training	Must maintain a CPD diary of local and regional training

Practical procedural

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
Minimum level required					
Lumbar Puncture (Diagnostic and therapeutic)	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	Maintain	Maintain	Maintain
Botulinum toxin injection (hemifacial spasm, cervical dystonia, spasticity, migraine)	Able to perform the procedure under direct supervision	Maintain	Maintain	Maintain	Maintain
Greater Occipital nerve injections	Able to perform the procedure under direct supervision	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 Neurology CiPs

Neurology CiPs	CRITICAL PROGRESSION POINT	ST4	ST5	ST6	ST7	ST8	CRITICAL PROGRESSION POINT
1. Managing disorders of cognition and consciousness		2	2	3	3	4	
2. Managing headache and pain		2	2	3	3	4	
3. Managing seizures and epilepsy		2	2	3	3	4	
4. Managing inflammatory and infectious disorders		2	2	3	3	4	
5. Managing movement disorders		2	2	3	3	4	
6. Managing neuromuscular disorders		2	2	3	3	4	
7. Managing traumatic brain injury and patients requiring neurorehabilitation		2	2	3	3	4	
8. Managing neuropsychiatric disorders, including functional disorders		2	2	3	3	4	

Levels to be achieved by the end of each training year and at critical progression points for Stroke Medicine CiPs

Specialty CiP	CRITICAL PROGRESSION POINT	ST4	ST5	ST6	ST7 or ST8	CRITICAL PROGRESSION POINT
1. Managing the care of acute stroke patients, including hyperacute care and cerebral reperfusion strategies		2	2	3	4	
2. Managing the primary and secondary prevention of stroke and Transient Ischaemic Attack		2	2	3	4	
3. Managing early and late stroke rehabilitation in hospital and community settings		2	2	3	4	