JRCPTB

Joint Royal Colleges of Physicians Training Board

Rough Guide to Implementation

Allergy and Immunology 2021 curricula

Guidance for training programme directors, supervisors and trainees

August 2021

ROYAL COLLEGE of PHYSICIANS of EDINBURGH

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Royal College of Physicians

Contents

Introduction

This guide is for the Allergy and Immunology training pathways. Its purpose is to help training programme directors (TPDs), supervisors, trainees and others with the practicalities of implementing the new curricula. It is intended to supplement rather than replace the curriculum document itself. The curricula, ARCP decision aids and this guide are available on the JRCPTB website.

The Rough Guide has been put together by members of the Allergy and Immunology curriculum working group.

What is different about the new curricula?

There are two new training pathways in Allergy and Immunology:

- Allergy and Clinical Immunology (ACI)
- Allergy, Clinical and Laboratory Immunology (ACLI)

The new clinical pathway has emerged from the existing Allergy curriculum and clinical components of the Immunology curriculum. The combined clinical and laboratory pathway includes all the capabilities in the clinical pathway plus capabilities in leading the laboratories.

As with all JRCPTB curricula, there has been a move away from the 'tick-box' approach associated with the current competency-based curricula to the holistic assessment of high level learning outcomes. The new curricula have a relatively small number of 'capabilities in practice' (CIPs) which are based on the concept of entrustable professional activities (EPAs). The CiPs are mapped to the essential generic capabilities required by all doctors as defined in the Generic Professional Capabilities (GPC) framework.

Training pathways

ACI and ACLI are group 2 specialties and recruitment into both training pathways will be after completion of two years of Internal Medicine Training or three years of Acute Care Common Stem Medicine – Internal Medicine (ACCS-IM) with full MRCP. It will be possible for trainees to enter from the alternative pathway of three years of level 1 Paediatrics training with MRCPCH.

Higher specialty training will be an indicative four years in duration for the ACI pathway and five years for ACLI. There will be options for those trainees who demonstrate exceptionally rapid development and acquisition of capabilities to complete training sooner than the indicative time. There may also be trainees who are unable to gain the relevant capabilities and will require an extension of training as indicated in the Reference Guide for Postgraduate Specialty Training in the UK (The Gold Guide).

The ACI and ACLI curricula

The purpose of the curricula is to produce doctors with the generic professional and specialty specific capabilities required for doctors training in Allergy and Immunology. Doctors in training will learn in a variety of settings using a range of methods, including workplace-based experiential learning, formal postgraduate teaching and simulation-based education.

Capabilities in Practice (CiPs)

The **generic CiPs** cover the universal requirements of all specialties as described in the GPC framework. Assessment of the generic CiPs will be underpinned by the GPC descriptors. Satisfactory sign off will indicate that there are no concerns.

The **specialty CiPs** describe the clinical and laboratory tasks or activities which are essential to the practice of Allergy and Immunology. The specialty CiPs have also been mapped to the GPC domains and subsections to reflect the professional generic capabilities required to undertake the clinical tasks. Satisfactory sign off requires demonstration that, for each of the CiPs, the trainee's performance meets or exceeds the minimum expected level of performance expected for completion training. Six specialty CiPs are common to both pathways and there are two additional CiPs for the ACLI pathway.

Each CiP has a set of descriptors associated with that activity or task. Descriptors are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated for an entrustment decision to be made.

Capabilities in practice (CiPs)
Generic CiPs
1. Able to successfully function within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carrying out research and managing data appropriately
6. Acting as a clinical teacher and clinical supervisor

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

Evidence of capability

The curricula describe the evidence that can be used by the educational supervisor to make a judgement of the trainee's capability (please see the CiPs tables and the assessment blueprints). The educational supervisor will make a holistic judgement based on the evidence provided, particularly the feedback from clinical supervisors and the multi disciplinary team. The list of evidence for each CiP is not exhaustive and other evidence may be equally valid.

Assessment: What is required from trainees and trainers?

Introduction

Decisions about a trainee's competence progression will be based on an assessment of how they are achieving their CiPs. For the generic CiPs it will be a straightforward statement as to

whether they are operating at, above, or below level expected for the current year of training. For the specialty CiPs there will be a judgement made at what level of supervision they require (i.e. unsupervised or with direct or indirect supervision). For each of these CiP there is a level that is to be achieved at the end of each year in order for a standard outcome to be achieved at the Annual Review of Competence Progression (ARCP). The levels expected are given in the ARCP decision aids (see below).

What the trainee needs to do

Trainees will need to do an appropriate number of supervised learning events (SLEs) and workplace based assessments (WPBAs) as well as the summative examinations set out in each curriculum. The requirements are documented in the ARCP decision aids but it should be appreciated by trainer and trainee that the decision aid sets out the indicative minimums. SLEs are not pass/fail summative assessments but should be seen by both trainer and trainee as learning opportunities for a trainee to have one to one teaching and receive helpful and supportive feedback from an experienced senior doctor. Trainees should therefore be seeking to have SLEs performed as often as practical. They also must continue to attend and document their teaching sessions and must continue to reflect (and record that reflection) on teaching sessions, clinical incidents and any other situations that would aid their professional development.

Each trainee must ensure that they have acquired multi-source feedback (MSF) on their performance each year and that this feedback has been discussed with their Educational Supervisor (ES) and prompted appropriate reflection. They also need to ensure that the required number of Multiple Consultant Report (MCR) are received from consultants who are familiar with their work.

As the ARCP approaches, trainees need to arrange to see their ES to facilitate preparation of the ES report (ESR). They will have to self-assess the level at which they feel they are operating at for each CiP. In an analogous fashion to the MSF, this self- assessment allows the ES to see if the trainee's views are in accord with those of the trainers and will give an idea of the trainee's level of insight.

Interaction between trainer and trainee

Regular interaction between trainees and their trainers is critical to the trainee's development and progress through the programme. Trainees will need to engage with their clinical and educational supervisors.

Higher specialist trainees are adult learners and will take proactive responsibility for their learning. Trainees will need to arrange educational review meetings with their Educational supervisors.

At the beginning of the academic year there should be a meeting with the ES to map out a training plan for the year. This should include;

- how to meet the training requirements of the programme, addressing each CiP separately

- a plan for taking the FRCPath/ACICE examination(s)
- a discussion about what resources are available to help with the programme
- develop a set of SMART Personal Development Plans (PDPs) for the training year
- a plan for using study leave
- use of the various assessment/development tools
- Plan clinical and laboratory placements

The trainee should also meet with the clinical supervisor (CS) to discuss the opportunities in the current placement including;

- develop a PDP including SMART objectives for the placement
- access to clinics and how to meet the learning objectives
- expectations for medical on-call
- expectations for inpatient experience
- expectations to gain experience in multi-disciplinary care

Depending on local arrangements there should be regular meetings (we recommend approximately one hour most weeks) for personalised, professional development discussions which will include;

- writing and updating the PDP
- reviewing reflections and SLEs reviewing MCR and other feedback
- discussing leadership development
- discussing the trainee's development as a physician and career goals
- discussing things that went well or things that went not so well

Self-assessment

Trainees are required to undertake a self-assessment of their engagement with the curriculum and in particular the CiPs. This is not a 'one-off' event but should be a continuous process from induction to the completion of the programme and is particularly important to have been updated ahead of the writing of the ES report and subsequent ARCP. Self-assessment for each of the CiPs should be recorded against the curriculum on the trainee's ePortfolio account.

The purpose of asking trainees to undertake this activity is:

- To guide trainees in completing what is required of them by the curriculum and helping to maintain focus of their own development. To initiate the process it is important that the induction meeting with a trainee's ES reviews how the trainee will use the opportunities of the coming academic year to best advantage in meeting the needs of the programme. It will allow them to reflect on how to tailor development to their own needs, over-and-above the strict requirements laid out in the curriculum
- To guide the ES and the ARCP panel as to how the trainee considers they have demonstrated the requirements of the curriculum as set out in the Decision Aid and where this evidence may be found in the trainee's portfolio. This will help the ARCP

panel make a more informed judgement as to the trainee's progress and reduce the issuing of outcome 5s as a result of evidence not being available or found by the panel

What the Educational Supervisor (ES) needs to do

The educational supervisor and trainee should meet beforehand to plan what evidence will need to be obtained. This can be used by the ES to write an important and substantial ES report (ESR). The ESR will be the central piece of evidence considered by the ARCP Panel when assessing whether the trainee has attained the required standard as set out in the Decision Aid. As such, both time and planning will need to be given to writing it; this process will need to start at the beginning of the training year.

Educational Supervisor Report (ESR)

The ESR should be written ahead of the ARCP and discussed between the supervisor and the trainee before the ARCP, with any aspects likely to result in a non-standard outcome at ARCP made clear. This conversation should be documented. The report documents the entrustment decisions made by the supervisor for all the CiPs set out in the curriculum. The decisions should be based on evidence gathered across the training year as planned at the Induction Meeting with the trainee and modified through subsequent, regular, professional development meetings. The evidence should be gathered from several sources as appropriate for the particular CiP.

In completing the ESR, assessments are made for each **generic CiP** using the following anchor statements:

Below expectations for this year of training; may not meet the requirements for critical progression point
Meeting expectations for this year of training; expected to progress to next stage of training
Above expectations for this year of training; expected to progress to next stage of training

Comments must be made, as a minimum, for any rating of below expectation. It is good practice to narrate all decisions. The narration should include;

- Source of the evidence and its context, outlining contradicting evidence if appropriate
- Examples (of statements)
- Direction for future development/improvement

For the **specialty CiPs** the ES makes a judgement using the levels of entrustment in the table below.

Level 1: Entrusted to observe only – no provision of clinical care

Level 2: Entrusted to act with direct supervision: The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
Level 3: Entrusted to act with indirect supervision: The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision
Level 4: Entrusted to act unsupervised

Only the ES makes entrustment decisions. Detailed comments must be given to support entrustment decisions that are below the level expected. As above, it is good practice to provide a narrative for all ratings given.

Important Points

- Plan the evidence strategy from the beginning of the training year
- Write the report in good time ahead of the ARCP
- Discuss the ESR with the trainee before the ARCP
- Give specific, examples and directive narration for each entrustment decision

Types of Evidence

Local Faculty Groups (LFG)

This type of group has been recommended in training previously but is not universally implemented. If available this should be a group of senior clinicians (medical and non-medical) who get together to discuss trainees' progress. The purpose is not only to make an assessment of a trainee but to determine and plan on-going training. It is recommended again as an optimal way of providing information about trainees' progress.

The LFG set-up will depend on the circumstances of the organisation. In smaller units the LFG make include all the physicians and clinical scientists while in larger units there may be several LFGs, each in a different department. In all circumstances, as a minimum, an LFG must be able to consider, direct and report on the performance of trainees in the acute medicine/on-call setting.

The LFG should meet regularly to consider the progress of each trainee and identify training needs, putting in place direction as to how these needs are to be met. This should be documented and communicated to trainee's Educational Supervisor and hence to the trainee. A mechanism for this to happen should be established.

Multi-Source Feedback (MSF)

The MSF provides feedback on the trainee that covers areas such as communication and team working. It closely aligns to the Generic CiPs. Feedback should be discussed with the trainee. If a repeat MSF is required it should be undertaken in the subsequent placement.

Multiple Consultant Report (MCR)

The MCR captures the views of consultant (and other senior staff) based on observation of a trainee's performance in practice. The MCR feedback gives valuable insight into how well the trainee is performing, highlighting areas of excellence and areas of support required.

The ***minimum*** number of MCRs considered necessary is 2 per year.

Consultant supervisors completing the MCR will use the global anchor statements [meets, below or above expectations] to give feedback on areas of clinical practice. If it is not possible for an individual to give a rating for one or more area they should record 'not observed'. Comments must be made, as a minimum, for any rating of below expectation. It is good practice to narrate all decisions. The narration should include:

- Source of the evidence and its context, outlining contradicting evidence if appropriate
- Examples (of statements)
- Direction for future development/improvement

Supervised Learning Events

Case based Discussion (CbD)

This tool is designed to provide feedback on discussions around elements of the care of a particular patient. This can include elements of the particular case and the general management of the condition. It is a good vehicle to discuss management decisions.

Mini-Clinical Evaluation (mini-CEX)

This tool is designed to allow feedback on the directly observed management of a patient and can focus on the whole case or particular aspects.

Workplace-Based Assessments

Direct Observation of Procedural Skill (DOPS)

This tool is designed to give feedback and assessment for trainees on how they have undertaken a procedural skill. This may be in a simulated or real environment. Formative DOPS may be undertaken as many times as the trainee and supervisor feel is necessary. A trainee can be signed off as able to perform a procedure unsupervised using the summative DOPS.

Teaching Observation (TO)

The TO form is designed to provide structured, formative feedback to trainees on their competences at teaching. The TO form can be based on any instance of formalised teaching by the trainee which has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

Quality Improvement Project Assessment Tool (QIPAT)

The QIPAT is designed to assess a trainee's competence in completing a quality improvement project. The QIPAT can be based on a review of quality improvement documentation or on a presentation of the quality improvement project at a meeting. If possible, the trainee should be assessed on the quality improvement project by more than one assessor.

Guidance on how to assess QI skills and behaviours has been developed by the Academy of Medical Royal Colleges and is available via this link.

Examinations

- **Allergy and Clinical Immunology Certificate Examination(ACICE) / FRCPath Part 1**
- **FRCPath Part 2**

The Allergy and Clinical Immunology Certificate Examination (ACICE)/FRCPath Part 1 is required for all trainees training in Allergy and Immunology. Trainees on the ACLI pathway will also be required to pass the FRCPath Part 2. Information about the examination is available on the FRCPath website www.rcpath.org.

It is recommended that the ACICE/FRCPath part 1 examination is attempted for the first time during the second year of training and it must be passed by CCT. For ACLI trainees Part 1 should be obtained by the end of the third year in order to allow time to obtain Part 2.

Reflection

Undertaking regular reflection is an important part of trainee development towards becoming a self-directed professional learner. Through reflection a trainee should develop SMART learning objectives related to the situation discussed. These should be subsequently incorporated into their PDP. Reflections are also useful to develop 'self-knowledge' to help trainees deal with challenging situations.

It is important to reflect on situations that went well in addition to those that went not so well. Trainees should be encouraged to reflect on their learning opportunities and not just clinical events

Suggested evidence for each CiP

The suggested evidence to inform entrustment decisions is listed for each CiP in the curriculum and ePortfolio. However, it is critical that trainers appreciate that trainees do not need to present every piece of evidence listed and the list is not exhaustive and other evidence may be equally valid.

Induction Meeting with ES: Planning the training year

Writing the ESR essentially starts with the induction meeting with the trainee at which the training year should be planned. The induction meeting between the ES and the trainee is pivotal to the success of the training year. It is the beginning of the training relationship between the two and needs both preparation and time. The induction meeting should be recorded formally in the trainee's ePortfolio. The meeting should be pre-planned and undertaken in a private setting where both can concentrate on the planning of the training year. This is also a time for ES and trainee to start to get to know each other.

Ahead of the meeting review:

- Review Transfers of Information on the trainee
- Review previous ES, ARCP etc. reports if available
- Agree with the placement CSs how other support meetings will be arranged. Including;
    - Arrangements for LFGs or equivalent
    - Arrangements for professional development meetings

At the meeting the following need to be considered:

- Review the placements for the year
- Review the training year elements of the generic educational work schedule or its equivalent
- Construct the personalised educational work schedule for the year or its equivalent
- Construct the annual PDP and relevant training courses
- Discuss the trainee's career plans and help facilitate these
- Discuss the use of reflection and make an assessment of how the trainee uses reflection and dynamic PDPs
- Discuss the teaching programme
- Discuss procedural simulation
- Discuss procedural skill consolidation
- Discuss arrangements for LTFT training if appropriate
- Plan additional meetings including the professional development meetings and the interaction with the placement CSs
- Planning of SLEs and WPBA
- Arrangements for MSF
- Review the ARCP decision aid
- Arrangements for Interim Review of Competence Progression (IRCP)
- Arrangements for ARCP and the writing and discussion of the ESR
- Pastoral support
- Arrangements for reporting of concerns
- Plan study leave

At the end of the meeting the trainee should have a clear plan for providing the evidence needed by the ES to make the required entrustment decisions.

Important Points

- Prepare for the meeting
- Make sure that knowledge of the curriculum is up-to-date
- Set up a plan for the training year

Induction Meeting with Clinical Supervisor (CS)

The trainee should also have an induction meeting with their placement CS (who may also be their ES). The meeting should be pre-planned and undertaken in a private setting where both can concentrate on the planning of the placement. This is also a time for CS and trainee to start to get to know each other.

Ahead of the meeting review the following should be considered;

- Review Transfers of Information on the trainee
- Review previous ES, ARCP etc. reports if available
- Arrangements for LFGs or equivalent

The following areas will need to be discussed, some of which will reinforce areas already covered by the ES but in the setting of the particular placement:

- Review the training placement elements of the generic educational work schedule or its equivalent
- Construct the personalized educational work schedule for the placement or its equivalent
- Construct the set of placement-level SMART objectives in the PDP
- Discuss the use of reflection and make an assessment of how the trainee uses reflection and dynamic PDPs
- Discuss procedural skill consolidation
- Discuss arrangements for LTFT training if appropriate
- Plan additional meetings including professional development meetings and the interaction with the placement CSs (depending on whether the ES or CS will be undertaking these)
- Arrangements for MSF
- Review the ARCP decision aid
- Pastoral support
- Arrangements for reporting of concerns
- Plan study leave

Professional Development Meetings

Trainers and trainees need to meet regularly across the training year. The GMC recommend an hour per week is made available for this activity. While it is not expected or possible for it to be an hour every week, the time not used for these meetings can be used to participate in LFG and ARCPs etc.

These meetings are important and should cover the following areas. This list is not exhaustive. Meet away from the clinical and laboratory areas regularly to:

- Discuss cases
- Provide feedback
- Monitor progress of learning objectives
- Discuss reflections
- Provide careers advice
- Monitor and update the trainee's PDP

- Record meeting key discussion points and outcomes using the Educational Meeting form on the ePortfolio
- Record progress against the CiPs by updating the comments in the CiP section of the portfolio (this will make writing the ESR at the end of the year much easier)
- Provide support around other issues that the trainee may be encountering

Transition arrangements for trainees already in programme

The GMC has published a new policy statement on the transition of learners to a new curriculum. The policy statement sets out the GMC's requirements for doctors in training who are working towards a CCT to move to the most recent GMC approved curriculum and programme of assessment. The transition should be completed as soon as it is feasibly possible, taking account of patient and trainee safety whilst also balancing the needs of the service. Some cohorts of trainees may experience a greater impact than others and require longer to prepare for the transition. As a guide, the GMC considers two years from the implementation date to be a reasonable transition period for all trainees to have moved to new curricula.

If it would not be in the interests of patient safety or impractical to support a trainee to move to a new curriculum the trainee may remain on the curriculum in place prior to the new approval. This must be discussed with and approved by the postgraduate dean and the reasons for not transferring must be documented

Immunology: Doctors in their final year of training (pro rata for less than full time trainees) will normally remain on the 2015 Immunology curriculum.

Allergy: Doctors in their final two years of training will be able to complete on the 2010 Allergy curriculum. This takes into account that the new Allergy and Clinical Immunology Certificate Examination (ACICE) will not be available prior to 2023 and is a mandatory summative assessment in the new ACI curriculum.

Requirements of transferring curriculum

- Educational supervisors should agree individual transition plans with their trainees, reviewing the new curriculum learning outcomes - 'capabilities in practice' - and

identifying any gaps that need to be addressed. This 'gap analysis' will help determine whether attachments during the current/future placement would be sufficient or if changes in rotational placements are required to ensure trainee encounters the relevant learning experiences. This may involve immunology trainee posts rotating into current allergy trainee posts and vice versa. Planning for these rotations would need to be done with the involvement of the Training Programme Directors and Local Educational Providers. In exceptional circumstances external Training Programme Directors and Local Educational Providers may be required to organise an extra deanery attachment or rotation.

- Additional training time and/or change to the CCT date should be agreed by the first ARCP.
- A form will be provided on the ePortfolio to facilitate and record the curriculum transfer and gap analysis discussion.
- Training programme directors should notify the JRCPTB which trainees have transferred and the new curriculum will be added to their ePortfolio accounts.
- Trainees will not be required to re-link or transfer evidence from the previous curriculum and should start using the new curriculum in their ePortfolio account.

Annual Review of Competence Progression (ARCP)

Introduction

The ARCP is a procedure for assessing competence annually in all medical trainees across the UK. It is owned by the four Statutory Education Bodies (Health Education England, NHS Education for Scotland, Health Education and Improvement Wales and Northern Ireland Medical & Dental Training Agency) and governed by the regulations in the Gold Guide. The JRCPTB can therefore not alter the way in which an ARCP is run but can provide guidance for trainees and trainers in preparing for it and guide panel members on interpretation of both curricular requirements and the decision aid when determining ARCP outcomes. Although receiving a non-standard ARCP outcome (i.e. anything but an outcome 1 or 6) should not be seen as failure, we know that many trainees are anxious about such an outcome and everything possible should be done to ensure that no trainee inappropriately receives a non-standard outcome.

The ARCP gives the final summative judgement about whether the trainee can progress into the subsequent year of training (or successfully complete training if in the final year). The panel will review the ePortfolio (especially the ES report) in conjunction with the decision aid for the appropriate year. The panel must assure itself that the ES has made the appropriate entrustment decisions for each CiP and that they are evidence based and defensible. The panel must also review the record of trainee experience to ensure that each trainee has completed (or is on track to complete over ensuing years) the various learning experiences mandated in the curriculum.

Allergy and Immunology training and the ARCP

The change from the tick-box style competencies to the high-level capabilities in practice (CiPs) will have a major impact on how trainees are assessed and how they will progress through their ARCPs. It is vital we avoid an increase in trainees failing to achieve a standard ARCP outcome by helping trainees and trainers to prepare for the ARCPs and by stressing to ARCP panels the basis of their assessment. ARCP panel members must ask the question: "Overall, on reviewing the ePortfolio, including the Educational Supervisor report, the Multiple Consultant Reports, the Multi-Source Feedback and (if necessary) other information such as workplace based assessments, reflection etc, is there evidence to suggest that this trainee is safe and capable of progressing to the next stage of training?"

Relationship with Educational Supervisor (ES)

It is vital that the trainee and the ES develop a close working relationship and meet up as soon as possible after the start of training. At that meeting, the ES should discuss how the various curriculum requirements will be met and how evidence will be recorded to ensure that it can be demonstrated that the Capabilities in Practice have been achieved at the appropriate level. This meeting should also result in the production of a Personal Development Plan (PDP) consisting of a number of SMART objectives that the trainee should seek to achieve during that training year. The trainee should meet up with their ES on a number of other occasions during the training year so that the ES can be reassured that appropriate evidence is being accumulated to facilitate production of a valid ES report towards the end of the year and guide the trainee as to further evidence that might be required.

Clinical supervisor (CS)

The trainee should have a Clinical Supervisor for each attachment and once again the trainee should meet up with the CS at the start of the attachment. Similar discussions should be held with the CS as have been held with the ES and once again, a PDP with SMART objectives should be constructed for each attachment. At the end of the attachment, the CS should be well placed to complete a Multiple Consultant Report (MCR). The CS should also document the progress that the trainee has made towards completing all the objectives of the PDP.

The trainee should provide a MCR from each designated CS as they are best placed to provide such a report but in addition should approach other consultants with whom they have had a significant clinical interaction and ask them also to provide a MCR. Throughout the attachment the trainee should be having SLEs completed by both consultants and more senior trainees. The number of SLEs demanded by the decision aid should be regarded as an absolute minimum and additional ones should be sought because

- Although they are formative, not summative assessments, they do provide additional evidence to show that a trainee is acquiring clinical (and generic) capabilities
- They may give the trainee the opportunity to have additional one to one clinical teaching from a senior colleague

- They allow the excuse for trainees to receive targeted and constructive feedback from a senior colleague.

Completing reports

When completing reports, all consultants should do more than just tick a box and make some generic comment such as “good trainee”. It is important that they make meaningful comments about why they have assigned that particular level of performance/behaviour to that particular trainee. In doing this, the descriptors assigned to each CiP should be especially useful as an *aide-memoire*. They should specifically not be used as a tick list that requires a comment for each descriptor but should just allow the senior doctor completing the report to reflect on what comments would be helpful to the ES for completion of their report and to the ARCP panel in determining whether the trainee can progress to the next year of training. Constructive comments are also of course valued by the trainee. It is very helpful if the trainee can have constructive comments if they are progressing along the “normal” trajectory and especially if they are exceeding expectations either globally or in certain areas. If a trainee is performing below expectations then it is absolutely mandatory that meaningful, insightful and precise comments are provided.

ARCP preparation

As the ARCP approaches, it is essential that the trainee reviews their ePortfolio and ensures that all requisite information is available in a logical and accessible format. In particular they should ensure that:

- All appropriate certificates have been uploaded to the personal library and are clearly signposted
- An appropriate amount of reflection has been documented
- As a bare minimum (see comments above), the requisite number of SLEs (as demanded by the annual decision aid) has been completed and recorded in the ePortfolio
- MSF has been completed and the results released by the ES. It is critical that appropriate discussion/reflection has occurred and been recorded in response to the MSF
- MCR has been completed by each CS and additional ones have been completed by any supervisor with whom the trainee has had significant clinical/educational interaction
- The trainee has self-rated themselves for each CiP on the curriculum page
- The SMART objectives documented in their PDP have either been achieved fully and the evidence for that achievement has been clearly documented. If any objectives of the PDP have not been fully achieved, then the reasons for that have been clearly documented and evidenced.
- An appointment has been made with their ES to discuss the annual ES report that will inform the ARCP panel

The ES should review the portfolio to ensure that all the above requirements have been met and record a final rating for each CiP on the curriculum page. The ES should meet up with the trainee to discuss the ESR so that there are no surprises.

The ARCP

At the ARCP, the panel should review the ePortfolio and in particular it should focus on the ESR report but also review the MCRs, the MSF, the PDPs and reflection. It should also reassure itself that all the mandatory courses and exams have been attended/passed. If members of the panel have any concerns that the trainee under review is not eligible for a standard outcome then they should examine more detail in the ePortfolio and review more of the SLEs and other subsidiary information.

ARCP Decision Aid for Allergy and Clinical Immunology (ACI)

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. A separate decision aid is available for trainees on the ACLI pathway. Decision aids are 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)
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 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
Specialty capabilities in practice (CiPs)	See grid below for 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 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 work. The ES should not	2	2	2	2

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)
	complete an MCR for their own trainee				
Multi-source feedback (MSF)	An indicative minimum of 12 raters including 2 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
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 1 which covers CiP 3	7 – to include 1 which covers CiP 3	7 – to include 1 which covers CiP 3	7 – to include 1 which covers CiP 3
Allergy and Clinical Immunology Certificate Examination (ACICE)	It is recommended that trainees pass the ACICE by the end of ST5. Failing the exam will not in itself be a barrier to progression to final year of training. Must be passed by completion of training		ACICE attempted		ACICE passed

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)
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
Advanced life support (ALS)		Valid	Valid	Valid	Valid
Patient Survey		1		1	
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)		1		1
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. Competence to perform unsupervised requires summative DOPS sign off. 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).

Procedure	**ST3**	**ST4**	**ST5**	**ST6**
Skin Prick Testing	Competent to perform unsupervised	Maintain	Maintain	Maintain
Intradermal Testing	Perform under supervision	Competent to perform unsupervised	Maintain	Maintain
Drug Provocation Test	Perform under supervision	Perform under supervision	Perform under supervision	Competent to perform unsupervised
Food Provocation Test	Perform under supervision	Perform under supervision	Perform under supervision	Competent to perform unsupervised
Drug Desensitization	Perform under supervision	Perform under supervision	Perform under supervision	Competent to perform unsupervised
Aeroallergen Immunotherapy	Perform under supervision	Competent to perform unsupervised	Maintain	Maintain
Venom Immunotherapy	Perform under supervision	Competent to perform unsupervised	Maintain	Maintain
Perioperative anaphylaxis assessment	Perform under supervision	Perform under supervision	Competent to perform unsupervised	Maintain
Spirometry	Competent to perform unsupervised	Maintain	Maintain	Maintain
Fractional Exhaled nitric oxide (FeNO)	Competent to perform unsupervised	Maintain	Maintain	Maintain
Anterior Rhinoscopy	Competent to perform unsupervised	Maintain	Maintain	Maintain

Levels to be achieved for specialty CiPs in Allergy and Clinical Immunology (ACI) pathway

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 training				CCT
Specialty CiP	**ST3**	**ST4**	**ST5**	**ST6**	**CRITICAL PROGRESSION POINT**
1. Managing, developing, and delivering allergy services in all appropriate service settings	**2**	**2**	**3**	**4**	
2. Managing, developing, and delivering clinical immunology services in all appropriate service settings	**2**	**2**	**3**	**4**	
3. Providing advice to colleagues on selection, interpretation and limitations of laboratory and other investigations for common immunological and allergic conditions	**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**	**3**	**4**	**4**	
5. Delivering and supporting both immune-mediated and other therapeutic interventions in allergic and immunological conditions	**2**	**2**	**3**	**4**	
6. Understanding the needs of adolescents and young adults with immunological and allergic diseases transitioning to adulthood	**2**	**2**	**3**	**4**	

ARCP Decision Aid for Allergy, Clinical and Laboratory Immunology (ACLI)

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. A separate decision aid is available for trainees on the ACI pathway. Decision aids are 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

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
Multiple consultant report (MCR)	An 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	2	2	2	2	2
Multi-source feedback (MSF)	An indicative minimum of 12 raters including 2 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)

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)	Year 5 (ST7)
Examinations	It is recommended that Part 1 is obtained by the end of the third year in order to allow time to obtain Part 2 by completion of training			FRCPath Part 1 passed - recommended		FRCPath Part 2 passed
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	1 completed project	
Teaching	Assessment of delivering teaching using Teaching Observation (TO) tool		1	1	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. Competence to perform unsupervised requires summative DOPS sign off. 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).

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

Procedure	ST3	ST4	ST5	ST6	ST7
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

Levels to be achieved for specialty CiPs in Allergy, Clinical and Laboratory Immunology (ACLI) pathway

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 training					CCT
Specialty CiP	**ST3**	**ST4**	**ST5**	**ST6**	**ST7**	**CRITICAL PROGRESSION POINT**
1. Managing, developing, and delivering allergy services in all appropriate service settings	**2**	**2**	**3**	**3**	**4**	
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**	

Training programme

The following provides a guide on how training programmes should be focussed in each training year in order for trainees to gain the experience and develop the capabilities to the level required. Trainees will have an appropriate clinical supervisor and a named educational supervisor. The clinical supervisor and educational supervisor may be the same person.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the curriculum requirements are met and also that unnecessary duplication and educationally unrewarding experiences are avoided.

ACI programme

Experience of other specialty clinics

In order for trainees to access the experience to meet the learning outcomes and see the breadth of presentations, attachments to other specialties' clinics may be required. These may include ENT, Dermatology, Respiratory and Paediatric Allergy and Immunology. Time may also be spent in tertiary referral centres.

Exposure to Laboratory immunology

Trainees should have the required exposure to laboratory immunology within the training programme to acquire core laboratory knowledge which underpin clinical immunology capabilities, including participating in laboratory test authorisation and liaison to gain capabilities in providing advice to colleagues on selection, interpretation and limitations of laboratory and other investigations for common immunological and allergic conditions.

ACLI programme

Experience of other specialty clinics

In order for trainees to access the experience to meet the learning outcomes and see the breadth of presentations, attachments to other specialties' clinics may be required. These may include ENT, Dermatology, Respiratory and Paediatric Allergy and Immunology. Time may also be spent in tertiary referral centres.

Laboratory immunology

Trainees should have regular and ongoing exposure to laboratory immunology throughout the training programme. It is expected they will spend an indicative 12 months in acquiring laboratory capabilities. This should include an indicative 2-4 week placement early in the training programme. Placements for specialised laboratory experience may also be required.

Trainees should regularly participate in laboratory test authorisation and as a duty laboratory immunologist. Trainees should rotate between the different sections of laboratory immunology – Immunochemistry, Autoimmunity, Flowcytometry. They will also need to spend time in specialist laboratory placements. They should understand the principles of quality control, verification and validation of immunological assays and accreditation of support UKAS accreditation.

Training resources links

Gold guide
JRCPTB
RCPath
ESID – European Society of Immunodeficiency
BSACI – British Society of Allergy and Clinical Immunology
AAAAI – American Academy of Allergy, Asthma and Immunology – Practice parameters
EAACI - European Academy of Allergy & Clinical Immunology
CIS – Clinical Immunology Society
BSI – British Society of Immunology
UKPIN - The UK Primary Immunodeficiency Network
CIS Webbook of biologics
IUIS – International Union of Immunological Societies

Accreditation Standards
IQAS
QPIDS
UKAS ISO15189

Training days
ACP Immunology Training days
BSACI Training days

Speciality Journals
Allergy
Clinical and Experimental Allergy
Clinical and Experimental Immunology
Journal of Allergy and Clinical Immunology
JACI – In Practice

Textbooks
Middleton's Principles and Practice of Allergy
Drug Hypersensitivity , WJ, Pilcher
Drug Allergy, Baldo
Oxford Handbook of Clinical Immunology and Allergy
Janeway's Immunobiology
Clinical Immunology , Principles and Practice, R.R Rich
Cellular and Molecular Immunology, Abbas
Essentials of Clinical Immunology , H Chapel, M Heaney
Roitt's Essential Immunology
Clinical Immunology (Fundamentals of Biomedical Science) , A Hall, C Scott, M Buckland
The Immunoassay Handbook, David Wild
Protein electrophoresis in Clinical Diagnosis, D Keren

Glossary of abbreviations

ACI	Allergy and Clinical Immunology
ACLI	Allergy, Clinical and Laboratory Immunology
ALS	Advanced Life Support
ARCP	Annual Review of Competence Progression
CiPs	Capabilities in Practice
CbD	Case-based Discussion
CCT	Certificate of Completion of Training
CS	Clinical Supervisor
DOPS	Direct Observation of Procedural Skills
EPA	Entrustable Professional Activity
ES	Educational Supervisor
GPC	Generic Professional Capabilities
GMC	General Medical Council
HoS	Head of School
JRCPTB	Joint Royal Colleges of Physicians Training Board
MDT	Multidisciplinary Team
MCR	Multiple Consultant Report
mini CEX	Mini Clinical Evaluation Exercise
MSF	Multi-Source Feedback
NTN	National Training Number
PDP	Professional Development Plan
PS	Patient Survey
RCPath	Royal College of Pathologists
SLE	Supervised Learning Event
WPBA	Workplace Based Assessment

JRCPTB

Joint Royal Colleges of Physicians Training Board

ROYAL COLLEGE *of* PHYSICIANS *of* EDINBURGH

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

Royal College of Physicians