

Allergy and Clinical Immunology (ACI) – *previously known as Allergy* - ARCP Decision Aid (Updated November 2024)

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 based on objective evidence presented in the portfolio.	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 complete an MCR for their own trainee	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).	1	1	1	1

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)
	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				
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
Critical case presentations	Trainees should put together a case report demonstrating capability in presenting to a Grand Round, MDT, national training day or submit a case report (evidence of literature search, critical analysis and coherent reasoning)		2	2	2

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)
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. Trainees should have formative DOPS prior to having a summative DOPS to confirm that the trainee is competent to perform the procedure unsupervised. Formative and Summative DOPS should be completed for the trainee by an individual who is able to complete the procedure competently and independently. Annual certification of maintenance of competence by the educational supervisor should be documented in the educational supervisor report and this would constitute sufficient evidence of maintenance of competence.

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 ¹	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

Procedure	ST3	ST4	ST5	ST6
Spirometry ²	Competent to perform unsupervised	Maintain	Maintain	Maintain
Fractional Exhaled nitric oxide (FeNO) ²	Competent to perform unsupervised	Maintain	Maintain	Maintain
Anterior Rhinoscopy ²	Competent to perform unsupervised	Maintain	Maintain	Maintain

¹ Since drug desensitization is provided in only a limited number of centers, it is recognized that yearly DOPS for this procedure will be challenging. It is, therefore, not mandated in each year of training. However, prior to completion of training a minimum of one formative DOPS and one summative DOPS for drug desensitization is required.

² These procedures are signed off to the competency level required to perform and interpret as a desk/bedside procedure that is performed in an outpatient clinic

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 CiP	Specialty training				CCT
	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	