- # Clinical Neurophysiology ARCP Decision Aid 2021, amended Sept 2024

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)
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 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 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	2	2	2	2

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)
	the trainee's clinical 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
Patient Survey	Minimum 20 responses	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	4 either mini-CEX or CBDs	2 either mini-CEX or CBDs	2 either mini-CEX or CBDs	2 either mini-CEX or CBDs

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)
	trainee's personal development and reflected on by the trainee.				
Directly Observed Procedural Skills (DOPS)	Indicative number of summative assessments of procedural competence	9	9	9	9
Appropriate Indicative numbers of procedures	This is at the discretion of the ARCP panel and should take into account stage of training and placements	As indicated in grid below	As indicated in grid below	As indicated in grid below	As indicated in grid below
Knowledge based Assessment			Completed	Completed	Completed
Basic Life Support (BLS)		Valid BLS	Valid BLS	Valid BLS	Valid BLS
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	1		1	
Teaching observation			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 will have to access a database of archived cases on the BCSN website. Trainees can use these cases to contribute towards their indicative requirements. These cases will provide a set of data in a clinical context for trainees to interpret and formulate a clinical report. DOPs can be used to assess the trainee's performance.

* Some trainees will undertake their neurology training as one block during ST3 and will not have performed any neurophysiology investigations.

Procedure	ST3	ST4	ST5	ST6	Indicative number performed by end of training
Record Adult EEG		Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	10
Record Neonatal/ Paediatric EEG		Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	10
Report Adult EEG		Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	1000

Procedure	ST3	ST4	ST5	ST6	Indicative number performed by end of training
Report Neonatal/ Paediatric EEG		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	1000
NCS for common nerve entrapments		Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	1000
NCS for less common nerve lesions		Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	100
NCS for generalised neuropathy		Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	100
EMG for neurogenic disorders		Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised	500
NCS and/or EMG in Paediatrics (5-16 years)		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	40
NCS and/or EMG is Paediatrics (<5 years)		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	10
EMG for probable myopathy		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	50

Procedure	ST3	ST4	ST5	ST6	Indicative number performed by end of training
Repetitive nerve stimulation		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	30
Record VEP		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	10
Interpret VEP		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	100
Record SSEP		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	10
Interpret SSEP		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	50
Surgical monitoring of spinal, cortical or cranial nerve function (mandatory specialty-specific procedural skills topic)		Able to perform the procedure under direct supervision	Maintain	Entrusted to act with indirect supervision	20
Interpret ambulatory EEG, Surgical telemetry, diagnostic telemetry		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	100
Interpret polysomnography (mandatory specialty-specific procedural skills topic)		Able to perform the procedure under direct supervision	Maintain	Entrusted to act with indirect supervision	20

Procedure	ST3	ST4	ST5	ST6	Indicative number performed by end of training
Perform & interpret MUP and Turns/amp analysis		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	50
Perform & interpret single fibre EMG (voluntary and/ or stimulated)		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	50
Interpret electroretinograms		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	100
Interpret ER audiograms/BSAEPs		Able to perform the procedure under direct supervision	Maintain	Competent to perform the procedure unsupervised	50
Perform & interpret magnetic brain stimulation (mandatory specialty-specific procedural skills topic)		Able to perform the procedure under direct supervision	Maintain	Entrusted to act with indirect supervision	20

When a trainee has been signed off as being able to perform a procedure unsupervised (level 4 entrustment) 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). It is highlighted that, particularly for the three mandatory specialty-specific procedural skills topics listed above, various types of evidence can inform entrustable decisions, not limited to DOPS. Supervised learning events like case-based discussions, mini-clinical evaluation exercises and other forms of evidence may be appropriate.

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

Level descriptors
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	ST3	ST4	ST5	ST6	CRITICAL PROGRESSION POINT
Managing and delivering a basic adult and paediatric NCS / EMG service	2	3	3	4	
Managing and delivering a basic adult and paediatric Electroencephalography service	2	3	3	4	
Managing and delivering a basic adult and paediatric evoked potential service	2	3	3	4*	
Managing and delivering an advanced adult and paediatric NCS / EMG service	2	2	2	4	
Managing and delivering an advanced adult and paediatric Electroencephalography service	2	2	2	4*	
Managing and delivering an advanced adult and paediatric evoked potential service	2	2	2	4*	
*** Level 3 entrustment required for mandatory specialty-specific procedural skills techniques: intraoperative monitoring, polysomnography, magnetic stimulation**					