

Aviation & Space Medicine 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. 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	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	Demonstrate history, examination, investigation and record keeping skills. Demonstrate ability to clinically assess fitness to fly based on national and international regulation. Demonstrate principles of assessment & management of hazards and risk to health in the aviation workplace.			
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	Demonstrate core Aviation and Space Medicine knowledge up to the standard expected for the DAvMed (may be ST4 or 5 depending when DAvMed is sat) and instigation of safe aeromedical disposal for some simple aeromedical presentations. Some	Demonstrate core Aviation and Space Medicine knowledge and instigation of safe aeromedical disposal for some aeromedical presentations. Competent in the areas of the curriculum specialty CiPs address in this training year as evidenced by	Demonstrate core Aviation and Space Medicine knowledge in most areas and instigation of safe aeromedical disposal for most aeromedical presentations' including some complex cases. Competent in the	Demonstrate adequate creation of management and investigation pathways, and instigation of safe aeromedical disposal of all aeromedical presentations' including the vast majority of complex cases that would be encountered as a

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)
		experience as evidenced by mini-CEX, Cbd, DOPS, TO, PbD.	mini-CEX, Cbd, DOPS, TO, PbD.	areas of the curriculum specialty CiPs addressed to date as evidenced by mini-CEX, Cbd, DOPS, TO, PbD.	practicing consultant. Competent in all competencies and CiPs as evidenced by mini-CEX, Cbd, DOPS, TO, PbD.
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	2	2	2	2
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	1	1	1	1
Supervised Learning Events (SLEs): Case-based discussion (Cbd)	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	12 x SLEs (including CbDs, mini-CEX, DOPS, TO etc)			

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and/or mini-clinical evaluation exercise (mini-CEX)	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				
Examination		DAvMed attempted/passed	DAvMed attempted/passed	DAvMed passed	
Immediate life support (ILS)		Valid	Valid	Val	Valid
Management and Leadership		Demonstrate acquisition of leadership skills in supervising the work of more junior medical colleagues and non-medical staff.	Demonstrate implementation of evidence based medicine whenever possible. Demonstrate good practice in team-working and contributing to multi-disciplinary teams. Demonstrate financial management capabilities for task/research funding. Communicate succinctly and effectively with other professionals as appropriate.	Able to supervise and lead a complete aeromedical assessment of patients and aviation workers. Able to supervise more junior trainees and to liaise with other specialties. Awareness and implementation of national and international regulatory guidelines. Demonstrate leadership capabilities of small	Clinical governance policies and involvement in a management role within operational, regulatory and research directorates, as an observer or trainee representative. Demonstrate behaviours of a senior leader able to deal with complex situations and difficult behaviours and attitudes. Manage complex human, legal and ethical problems and dilemmas.

Evidence / requirement	Notes	Year 1 (ST3)	Year 2 (ST4)	Year 3 (ST5)	Year 4 (ST6)
				and larger groups to complete task and project deliverables.	
Research		Prepare and analyse research projects under guidance from senior colleagues	Develop research projects (which, for higher degrees, may be taken as an OOPR period as part of the training programme), or initiate and commence research projects for publication in the open literature	Maintain and achieve satisfactory progress with research projects. Satisfactory doctoral/masters thesis progress and/or body of research work by individual academic institution's assessment procedures.	Publication of research projects in peer reviewed literature ¹ or successful completion of PhD, MD, or MSc. (If an OOPR period is taken completion or publication of research may be delayed until ST6+)
Patient Survey		1 satisfactory Patient Survey per 4 year training period			
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	1 satisfactory QIPAT/Audit per 4 year training period			

¹ In the case of research work carried out in a field restricted from publication by security considerations, papers given a restricted circulation will be available to the Educational Supervisor and the ARCP for inspection.

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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.

Procedure	ST3	ST4	ST5	ST6
Altitude (hypobaric) chamber procedures	Able to perform the procedure under direct supervision	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised
Long duration acceleration – human centrifuge procedures	Able to perform the procedure under direct supervision	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised
Aircrew equipment integration procedures	Able to perform the procedure under direct supervision	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised
Motion sickness desensitisation procedures	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised
Aircraft accident investigation procedures	Able to perform the procedure under direct supervision	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised
Noise and vibration assessment procedures	Able to perform the procedure under direct supervision	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised
Thermal evaluation of aircrew equipment assembly performance procedures	Able to perform the procedure under direct supervision	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised

Procedure	ST3	ST4	ST5	ST6
Assessment of vision and visual (enhancement) systems	Able to perform the procedure under direct supervision	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised
Assessment of aircrew helmet protection procedures	Able to perform the procedure under direct supervision	Able to perform the procedure with limited supervision	Able to perform the procedure with limited supervision	Competent to perform the procedure unsupervised

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 specialty CiPs

Levels to be achieved by the end of each training year 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
1. Ability to perform medicals on aircrew and other aviation workers and define and understand the clinical standards of licensing requirements.	2	3	3	4	
2. Ability to understand and assess hazards to health in the aviation environment and workplace, and the illnesses, which they cause.	2	3	3	4	
3. Ability to carry out flight environment medical assessments and investigations and how these may contribute to aero-medical decision making.	2	2	3	4	
4. Ability to assess research studies to provide risk and hazard analyses based on research findings.	2	3	3	4	
5. Ability to show how personal protective equipment and life-support systems works and how the physiological effects of the aviation environment can alter aircrew performance.	2	2	3	4	
6. Ability to conduct the medical investigation of an aircraft accident or incident.	2	2	3	4	
7. Ability to describe the factors influencing human performance and human error.	2	3	3	4	
8. Ability to conduct and understand the requirements for an aeromedical transfer of a patient.	2	2	3	4	
9. Ability to assess pathophysiological challenges of the space environment.	2	2	3	4	

10. Ability to demonstrate the principles of management and the structure of international, military and civilian regulatory bodies.

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