2010 Stroke Medicine ARCP Decision Aid – August 2015

The table below sets out the expected minimum number of assessments that trainees should complete during the year of advanced stroke training. It is expected that at least 75% of assessments will be completed by Specialty Year Assessment (SYA). This version is valid from August 2015.

Advanced Stroke Medicine Training	
SLEs should be performed proportionately throughout each training year by a number of different assessors and should include structured feedback and actions plans to aid the trainees' personal development.	
mini-CEX	Minimum of 4 mini-CEX to cover a representative range of stroke presentations (1 hyper-acute assessment, 1 assessment of an acute presentation assessment, 1 secondary prevention assessment and 1 rehabilitation setting assessment). 1 CbD and 1 mini-CEX must be about administration of intravenous thrombolysis therapy
CbD	Minimum of 4 CbD to cover a representative range of patient presentations (1 hyper-acute assessment, 1 assessment of an acute presentation, 1 secondary prevention assessment and 1 rehabilitation setting assessment). 1 CbD and 1 mini-CEX must be about administration of intravenous thrombolysis therapy
MCR	Minimum number of 3. Each MCR is completed by one clinical supervisor
ES Report	Satisfactory
MSF	1 (minimum of 12 replies from a broad range of stroke associated multi-professional team members and to include educational supervisor)
PS	1
Clinical & Educational Supervisor Reports	Specific comment is required on the following: • trainees are autonomously competent to assess and manage patients presenting with all common neurovascular conditions • trainees are autonomously competent in managing neurovascular patients presenting from all clinical areas (eg GP referrals, Emergency Medicine, HDU and rehabilitation units) • trainees have an assessment and referral strategy for patients presenting with unusual conditions which may present like common neurovascular conditions
Audit & Research	AUDIT: Evidence that a stroke-themed audit or quality improvement project has been completed – including significant involvement with design, data collection and analysis, presentation of results and future recommendations (eg a change of practise). To be assessed by AA or QIPAT RESEARCH: Evidence of ability to critically appraise current neurovascular clinical trials and how these may be interpreted to improve current clinical practice. Knowledge of ongoing clinical trials relevant to Stroke Medicine, hosting by the NIHR Clinical Research Network and basics of research governance. Evidence of ICH-GCP training
Teaching assessment	Evidence of lecture or seminar teaching with evaluation by feedback
Formal Course Report or Certificate	Stroke Thrombolysis learning day Evidence of NIHSS Certification Attendance to a Stroke Medicine scientific meeting and / or BASP trainee meeting
Intravenous thrombolysis pilot	Evidence of formative DOPS for intravenous thrombolysis and log book of cerebral reperfusion treatment encounters (which may include intra-venous or intra-arterial procedures). Please see JRCPTB website for further details of the pilot running from August 2015

The following is a guide to indicators for ARCP outcomes in relation to stroke medicine training during parent specialty training. It will be up to individual programme directors to interpret this guide bearing in mind the flexible nature of individual training programmes. However it is expected that 75% of assessments should be completed by PYA.

	OUTCOME 1	OUTCOME 2	OUTCOME 3
Main Specialty	GERIATRIC MED: Satisfactory audit and teaching, incl course, presentation, 6 CbD (2 special interest) 6 mini-CEX (1 rehab, 1 continuing care, 2 sub-specialty), 2 stroke sub-specialty work-based assessments. NEUROLOGY: Satisfactory progress when completing the year preceding Advanced Stroke Training (ie outcome 1), 2 stroke sub-specialty SLEs ACUTE MEDICINE: Satisfactory progress when completing the year preceding Advanced Stroke Training (ie outcome 1). 2 stroke subspecialty SLEs	GERIATRIC MED: SCE not passed. Poor supervisor's report. No up-to-date ALS. Few or poor ACAT, CbD, mini-CEX. No stroke subspecialty work based assessments NEUROLOGY: Unsatisfactory progress when completing the year preceding Advanced Stroke Training (ie outcome 2 of main ARCP) ACUTE MEDICINE: Unsatisfactory progress when completing the year preceding Advanced Stroke Training (ie outcome 2 of main ARCP)	GERIATRIC MED: Very poor supervisors' report. ALS uncompleted for 2 years. No or unsatisfactory audit. No or very poor CbD, mini-CEX NEUROLOGY: Very unsatisfactory progress when completing the year preceding Advanced Stroke Training (ie outcome 3 of main ARCP) ACUTE MEDICINE: Very unsatisfactory progress when completing the year preceding Advanced Stroke Training (ie outcome 3 of main ARCP)
Stroke Specialty	4 satisfactory mini-CEX and 4 CbDs (incl 1 hyper-acute, 1 acute, 1 secondary prevention and 1 rehabilitation), 1 satisfactory MSF 1 completed Audit 1 PS during stroke attachment Evidence of thrombolysis training Satisfactory ES report & MCR	Significant issues arising from supervisor's report. Unsatisfactory work based assessments. Evidence of insufficient experience in specific competencies, e.g. acute thrombolysis, management of rehabilitation	Very poor supervisors' report with serious concerns about patient safety. Systematically very poor MSF. Evidence that trainee is not autonomously competent as future stroke consultant. These may trigger a review of trainees' progress and possibility of remedial training.
FINAL EXIT ARCP	GERIATRIC MED: MRCP & SCE, Current ALS 4 ACATs, 26 CbDs 25 mini-CEXs, 2 satisfactory MSFs, PS, DOPS, 1 satisfactory academic and 1 clinical governance portfolio. Completion of any outstanding competencies identified NEUROLOGY OR ACUTE MEDICINE: Satisfactory progress at completing final year of main specialty. Completion of any outstanding competencies identified		Any remaining areas with unsatisfactory final workplace-based assessments or absence of essential certificate or unsatisfactory academic or Clinical Governance Portfolio Evidence that the trainee is not autonomously competent as a future Stroke Consultant

Glossary:

AA – Audit Assessment	ACAT – Acute Care Assessment Tool
BASP – British Association of Stroke Physicians	CbD - Case-based Discussion
DOPS - Direct Observation of Procedural Skills	ES – Educational Supervisor
ICH-GCP - International Conference on Harmonisation – Good Medical Practice	MSF - Multi-source Feedback
mini-CEX - Mini-Clinical Examination Assessment	MCR - Multiple Consultant Report
NIHR – National Institute for Health Research	NIHSS - National Institute of Health Stroke Scale
PS - Patient survey	QIPAT – Quality Improvement Project Assessment Tool
SLEs - Supervised learning event	

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