

Audio vestibular Medicine

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Audio vestibular Medicine. You will also need to read the [curricula for the specialty](#).

This document was last updated on 15/11/2023

Contents

Introduction	3
Currency of evidence	6
Structured reports.....	6
Submitting your evidence	7
How much evidence to submit	8
Practical Procedures.....	14
Evidence of training, qualifications, and employment	15
Generic CiPs	20
Specialty Specific CiPs	26

Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for specialist registration in Audio vestibular Medicine. This is not a standalone document and should be read in conjunction with the [curricula](#) – please see the Audio vestibular Medicine curriculum on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can [contact us](#) and ask for advice before you apply.

It is worth noting that it is sometimes more difficult to make a successful application if you have not worked in the NHS and that applicants with a license to practise in the UK will have already provided some of the evidence below in order to achieve this. Key features of training and practice in the NHS are unlikely to be covered in the same way outside it and the types of evidence may differ. This might include, for example, multidisciplinary team meetings, appraisal, multisource feedback and patient feedback, safety and quality activity especially in clinical audit and quality improvement projects and other areas. You must look at the curriculum and this guidance carefully to make sure that you can demonstrate the knowledge, skills and evidence for entry to the Specialist Register for Audio vestibular Medicine using an assessment framework of the high level learning outcomes in the curriculum rather than assessing your progress through a programme.

Your evidence should focus on summative assessments rather than formative ones. If you are or have recently been practising in an environment that is not comparable to practice in the NHS you might find it useful to consolidate your experience elsewhere before applying.

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the curriculum.

Curriculum Framework

The curriculum is structured into high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic, clinical and specialty specific capabilities, as outlined below. To meet the standard you will need to provide evidence that you're working at the level of being entrusted to perform safely and independently for each CiP (described in the curriculum as Level 4 – entrusted to act unsupervised).

Level descriptors for clinical CiPs

Level	Descriptor
Level 1	Entrusted to observe only:

	No provision of clinical care
Level 2	Entrusted to act with direct supervision: 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: 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

The first six CiPs are generic and shared across all physician specialties, covering the universal requirements of [Good Medical Practice](#) and the [Generic Professional Capabilities \(GPC\) framework](#).

The remaining eight CiPs describe the clinical tasks or activities which are essential to the practice of Audio vestibular Medicine. The CiPs have been mapped to the GPC domains to reflect the professional generic capabilities required to undertake the clinical tasks.

The range of experience needed to achieve the CiPs is outlined in the curriculum – this covers different settings, contexts, clinical problems, conditions and stages of a person’s life and illness.

Generic CiPs
1. Able to function successfully 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. Carries out research and manages data appropriately

6. Acts as a clinical teacher and clinical supervisor

Specialty Specific CiPs

1. Able to formulate a holistic audiovestibular analysis and prioritise
2. Able to diagnose and manage audiovestibular and co-morbid medical conditions
3. Diagnosis and medical management of hearing disorders and dysacusis across all ages of adults within a holistic biopsychosocial framework
4. Diagnosis and medical management of vestibular disorders across all ages of adults within a holistic biopsychosocial framework
5. Diagnosis and medical management of hearing disorders and dysacusis in neonates and children within a holistic biopsychosocial framework
6. Diagnosis and medical management of vestibular disorders in neonates and children within a holistic biopsychosocial framework
7. Able to work in multidisciplinary Audiovestibular Medicine teams
8. Managing and leading multidisciplinary Audiovestibular Medicine service

Currency of evidence

Evidence which demonstrates that you have met a curriculum outcome can be drawn from any point in your career. However, there should be corresponding evidence of recent (within the last five years of clinical practice Whole Time Equivalent (WTE) to confirm the maintenance of the skill or competency.

Evidence of your recent practice will be given more weight to reflect current capabilities and we suggest that approximately 50% of your evidence for a curriculum outcome is drawn from within the last five years of clinical practice (WTE).

Structured reports

You should nominate a minimum of three referees for the GMC to obtain structured reports from. They should include:

- Current Head of Department or other senior colleague with knowledge of the breadth of your clinical activity. Ideally, they should be an Educational Supervisor with at least five years' experience themselves or appropriate training experience.
- One Internal medicine referee of consultant level who is able to provide comments based on direct observation. This is especially important if you are relying on your structured reports as evidence of your procedural competencies.
- At least one other report from a colleague working with you at consultant level in Audio vestibular Medicine.

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- [Anonymising](#) (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

Please keep in mind when gathering your evidence:

- Triangulated evidence (evidence comprised of three different sources) will make a stronger application
- Evidence of your recent practice (≤within the last five years of clinical practise (WTE)) will be given more weight to reflect current capabilities; where some evidence is historical (> than the last five years of clinical practise (WTE)), the assessors will want to see evidence that the applicant has maintained capabilities in that particular area and the applicant is working at the level of a senior independent clinician
- Your evidence must be legible

How much evidence to submit

As a general guide, most applications are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application.

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities.

Your evidence **must** cover the knowledge, skills and experience to demonstrate the required CiPs in all areas of the curriculum. You should focus on providing **good quality** evidence, rather than quantity.

You should bear in mind the following points:

- Evidence should show that you are able to assess and offer a first opinion in any setting and for any age
- Don't duplicate evidence that is relevant to more than one CiP – you should include one copy and then list it under each relevant CiP (cross referencing)
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

You must ensure you follow our [guidance](#) on how to present and group your evidence in the online application

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's [CV guidance](#). You will also be asked to nominate referees to provide structured reports.

Your evidence must be mapped to the high level learning outcomes by providing primary evidence for knowledge, skills and experience. If evidence is missing from any of the CiPs, your application may be unsuccessful.

You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.

If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

Tips for a successful application

In our experience, applications fail because they provide inadequate or poor evidence of current capability covering the knowledge, skills and experience required for practising as an eligible specialist in the UK. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current curriculum in conjunction with this document. A strong application will provide evidence that you hold the knowledge, skills and experience which demonstrate the outcomes set out in the curriculum
- Provide evidence of your **current capability** against the high level learning outcomes of the curriculum. This includes the maintenance of CiPs and key skills all evidence should be clearly linked to the CiPs
- Ensure you have evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of two years of Internal Medicine stage 1 training. To demonstrate core internal medical capabilities, applicants need to provide MRCP (UK) or a comparable assessment of applied knowledge showing the application of core skills including outpatient capability. This evidence could include supervised learning events (SLEs) and workplace based assessments (WPBAs) including multisource feedback (MSF). Evidence for alternative core medical knowledge and training can be provided – e.g. MRCPC, MRCGP, MRCS or MRCPsych
- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence
- Ensure your referees can provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist registration in the UK
- Provide evidence of managing a broad range of patients, as seen daily by Audio vestibular Medicine doctors in the UK
- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at an independent level across all of the specialty CiPs

How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs

If you have a document that is relevant to more than one CiP, don't include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you'd like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence but you should aim to demonstrate knowledge, skills and experience with evidence that is comparable to the examples below.

A description of the assessments below, together with template forms, can be found on the [JRCPTB website](#)

Evidence / requirement	About	Indicative minimum numbers
Supervised Learning Events (SLEs)		
Case-based discussion and/ or mini-clinical evaluation exercise (mini-CEX)	These should have been undertaken with a consultant. CbDs and Mini-CEXs should cover different aspects of the specialty.	4 CbDs or mini-CEX to entrustment level 4
Workplace Based Assessments (WPBAs)		
Direct Observation of Procedural Skills (DOPS)	Evidence <u>must be</u> provided for each procedure for which an applicant must be competent to perform unsupervised of procedural/specialist procedures section of this guidance. You should provide one summative DOPS for each procedure for which an applicant must be competent to perform unsupervised	

Quality Improvement Project Assessment Tool (QIPAT)	Can be used to demonstrate active involvement in service audit or development projects.	1 completed in last 12 of most recent practise (WTE)
Patient Survey (PS)	<p>Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made.</p> <p>If it is not possible to provide a formal patient survey an applicant could provide alternative evidence. However, this must provide equivalent details and breadth of information.</p> <p>Alternative evidence could include:</p> <ul style="list-style-type: none"> ▪ Thank you letters/cards from patients ▪ Statements from referees ▪ Testimonial letters from colleagues ▪ Feedback from patients/colleagues 	1 completed in last 12 months of most recent practise (WTE)
Teaching observation (TO)	At least one should be completed by a consultant in the specialty.	1 completed in last 12 months clinical practise (WTE) or the structured report could include commentary on teaching observation/teaching experience
Multi Source Feedback (MSF)	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>Minimum of one in the 12 months clinical practise (WTE) before the application has been submitted – any available from the last 5 years clinical practise (WTE) should also be submitted.</p> <p>MSF should include approximately 12 colleagues, including medical and non-medical sources.</p>	1 completed in last 12 months clinical practise (WTE)

Other evidence

<p>To be included in the portfolio of evidence</p>	<ul style="list-style-type: none"> ▪ Appraisal is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical) ▪ Reflective diaries/ evidence of self-reflection ▪ Supervisor report reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities. JRCPTB provides a Multiple Consultant Report (MCR) template for the purpose of these reports of which there should be 4 in the last 12 months. ▪ Training events (courses, study days, meetings) over the last five years ▪ Evidence of seeing patients over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages ▪ Structured reports 	<p>4 MCRs completed in the last 12 months clinical practise (WTE)</p>
<p>Continuing Professional Development (CPD)</p>	<p>CPD represents the acquisition and maintenance of knowledge, skills and key skills.</p> <p>Courses which would provide evidence towards a specific CiP have been listed in the suggested evidence.</p> <p>Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.</p>	

Practical Procedures

Below details the practical procedures you will be expected to evidence that you are competent to perform unsupervised. You can provide evidence for these procedures using DOPS.

Specialty Procedures

Procedure
Wax removal
Particle repositioning manoeuvres
Audiological tests (Distraction test, pure tone audiometry, play audiometry, tympanometry, OAE)
Vestibular tests (v-HIT, caloric)

Evidence of training, qualifications, and employment

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

Evidence of training and qualifications	
Primary medical qualification (PMQ)	<p>If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.</p> <p>If you do not hold registration, you will need to have your PMQ independently verified before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.</p>
Specialist medical qualification(s)	<p>Please provide an authenticated copy of any overseas specialist medical qualifications you hold. You do not need to authenticate qualifications awarded in the UK.</p> <p>You should provide:</p> <p>Evidence of completion of full MRCP(UK) or comparable qualification. Alternative tests of knowledge are acceptable for applicants demonstrating alternative core capabilities in paediatrics MRCPCH. Evidence for alternative core medical knowledge and training can be provided – e.g. MRCPCH, MRCP, MRCS (ENT) or MRCPsych.</p> <p>The MRCP(UK) is comprised of three tests, designed to assess acquisition of the full range of knowledge, skills and behaviour, as well as clinical understanding and execution, as detailed in the UK curriculum for Core Medical/Internal Medicine Training. For further information on the MRCP(UK), click here.</p>

If you do not hold the MRCP (UK) or a comparable qualification as above, you can aim to demonstrate the same level of knowledge by providing:

A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each and every competency in the qualification has been covered in your own qualifications. The evaluators will then determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge. It will be assessed on a case by case basis and will involve the applicant to produce a portfolio of evidence.

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence **in addition** to your qualification:

- Training curriculum or examination syllabus
- Formal period assessments completed during training (these may be from any point in your career)

Recent specialist training

If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an **authenticated copy** of the curriculum or syllabus that was in place when you undertook your training.

If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.

Should you wish to provide further evidence obtained within your UK specialty training, this evidence should have been reviewed and signed off through an ARCP from completed years in training.

You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

Evidence of employment in posts and duties (including training posts)

CV	You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website .
Employment letters	<p>The information in these letters must match your CV. They should confirm the following:</p> <ul style="list-style-type: none">● dates you were in post● post title, grade, training● type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) <p>Usually this will be set out in the letters offering you the post and renewing your contracts. We do not need to see contracts and terms and conditions of employment.</p>
Job descriptions	<p>These must match the information in your CV. They will usually confirm the following:</p> <ul style="list-style-type: none">● your position within the structure of your department● your post title● your clinical and non-clinical commitment● your involvement in teaching or training.
Appraisal	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals or performance reviews. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>For those applicants working in independent practice it is recommended that at least one employer. Appraisal is undertaken and summary documentation of this submitted with the application.</p>

Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.

Generic CiPs

The suggested documentation is given below each CiP and the overall numbers expected are given in the section above. Each piece of evidence can support more than one CiP and you should cross reference

CiP 1: Able to function successfully within NHS organisational and management systems

Key skills:

- Aware of, and adheres to, the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives
- Demonstrates effective clinical leadership
- Demonstrates promotion of an open and transparent culture
- Keeps up to date through learning and teaching
- Demonstrates engagement in career planning
- Demonstrates capabilities in dealing with complexity and uncertainty
- Aware of the role and processes for commissioning
- Aware of the need to use resources wisely

Suggested documentation:

- | |
|--|
| ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR) |
| ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF) |
| ▪ Evidence of taking an active role in governance structures, including service development. This may, for example, include the minutes of meetings for governance and unit management in which the applicant has been involved, MDT meetings, and any documented service development initiatives such as QIPAT. |
| ▪ Evidence of attendance at an NHS / health service management course |
| ▪ CPD evidence including courses in management and business |

CiP 2: Able to deal with ethical and legal issues related to clinical practice

Key skills:

- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include: <ul style="list-style-type: none">• Reflections on cases where you had to assess a patient's mental capacity
▪ Evidence of involvement in making 'best interests' decisions, such as: <ul style="list-style-type: none">• Notes• Letters• Meeting minutes
▪ Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example: <ul style="list-style-type: none">• eLfH Mental Capacity Act: https://www.e-lfh.org.uk/programmes/mental-capacity-act/• CPD Online Mental Capacity Act: https://cpdonline.co.uk/course/mental-capacity-act/• SCIE Mental Capacity Act: https://www.scie.org.uk/e-learning/mca

CiP 3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement

Key skills:

- Communicates clearly with patients and carers in a variety of settings
- Communicates effectively with clinical and other professional colleagues
- Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills
- Shares decision making by informing the patient, prioritising the patient's goals and wishes, and respecting the patient's beliefs, concerns and expectations
- Shares decision making with children and young people
- Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Evidence of your ability to analyse a patient's communication difficulties: <ul style="list-style-type: none">• Reflective diaries
▪ Feedback from patients, such as a patient survey
▪ Reflective practice entries about patients or families who posed difficulties
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ CPD evidence including courses in simulation (including clinical scenarios and human factors) and communication

CiP 4: Is focused on patient safety and delivers effective quality improvement in patient care

Key skills:

- Makes patient safety a priority in clinical practice
- Raises and escalates concerns where there is an issue with patient safety or quality of care
- Demonstrates commitment to learning from patient safety investigations and complaints
- Shares good practice appropriately
- Contributes to and delivers quality improvement
- Understands basic Human Factors principles and practice at individual, team, organisational and system levels
- Understands the importance of non-technical skills and crisis resource management
- Recognises and works within limit of personal competence
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments

Suggested documentation:

▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reflective practice entries about patients or families who posed difficulties
▪ Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example: <ul style="list-style-type: none">• Meeting minutes, demonstrating your attendance and participation• Invites sent from you demonstrating arranging meetings
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ Documented evidence of development of procedures to improve inter-service and inter-agency communication, you will need to demonstrate your involvement in the new procedure and its effectiveness
▪ Evidence of specific quality improvement activity, such as evidence of specific quality improvement activity, such as a QIPAT
▪ Copies of letters you have written to NHS and non-NHS services involved with patients

- CPD evidence including courses in simulation (including clinical scenarios and human factors)

CiP 5: Carries out research and manages data appropriately

Key skills:

- Manages clinical information / data appropriately
- Understands principles of research and academic writing
- Demonstrates ability to carry out critical appraisal of the literature
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Understands public health epidemiology and global health patterns
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Follows guidelines on ethical conduct in research and consent for research
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of completion of Good Clinical Practice (GCP) training:
 - www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice
- Documented evidence of research activity. This may include evidence of:
 - Helping in a project
 - Reviewing research papers / grants
 - Writing and co-authoring research papers
 - Contributing to research projects

- | |
|---|
| <ul style="list-style-type: none"> ▪ Presentations – either lectures (podium presentations) or poster presentations |
| <ul style="list-style-type: none"> ▪ Documented evidence of development of procedures to improve quality of care beyond personal practice, e.g. QIPAT or evidence of performing an audit |
| <ul style="list-style-type: none"> ▪ Publications |
| <ul style="list-style-type: none"> ▪ CPD evidence including courses in research methodology |

CiP 6: Acts as a clinical teacher and clinical supervisor

Key skills:

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals ▪ Delivers effective feedback with action plan ▪ Able to supervise less experienced trainees in their clinical assessment and management of patients | <ul style="list-style-type: none"> ▪ Able to supervise less experienced trainees in carrying out appropriate practical procedures ▪ Able to act as a clinical supervisor to doctors in earlier stages of training |
|--|---|

Suggested documentation:

- | |
|---|
| <ul style="list-style-type: none"> ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports |
| <ul style="list-style-type: none"> ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF) |
| <ul style="list-style-type: none"> ▪ Completion of relevant Medical Education training course(s) |
| <ul style="list-style-type: none"> ▪ Teaching Observation (TO) or other observational assessment of teaching |

- Evidence of organising educational events / programs, with feedback.
- CPD evidence including courses in education and teaching

Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of ‘entrusted to act independently’ in all specialty CiPs. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the [curriculum](#).

Specialty CiP 1: Able to formulate a holistic audiovestibular analysis and prioritise

Key skills:

- Demonstrates ability to assess patients using a biopsychosocial model
- Recognises the impact of hearing and balance difficulties on the patient and their significant others
- Recognises the complexity caused by multiple comorbidities
- Recognises the impact of systemic disorders on hearing and balance
- Formulates an appropriate patient-centred holistic management plan
- Demonstrates awareness of the quality of patient experience

Suggested documentation:

- Evidence of awareness of impact of systemic disorders and co-morbidities on hearing and balance such as clinic letters, MDT minutes
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF), clinical supervisor, end of placement and appraisal reports
- Evidence of awareness of how audiovestibular conditions can affect quality of life such as clinic letters, reflections at the time
- Evidence on how you have prioritised management options to provide a holistic model of care such as copies of letters you have written to patients and other healthcare professionals,

- Reflective practice entries about patients or families you have seen
- Supervised learning events (SLEs) from the options listed below:
 - CbdDs
 - Mini CEXs

Specialty CiP 2: Able to diagnose and manage audiovestibular and co-morbid medical conditions

Key skills:

- Demonstrates knowledge of the pathology, appropriate investigations and management of co-morbid conditions
- Interprets clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of co-morbid disorders
- Appropriately manages comorbidities in audiovestibular patients and arrange further investigations taking into account patient preferences and the urgency required
- Recognises the importance of joint working, need to liaise with other specialty services and refers appropriately
- Is aware of the many factors that affect a patient's presentation, understanding of the problem and approach to management
- Can identify, articulate and negotiate priorities
- Delivers patient centred care including shared decision making

Suggested documentation:

- Evidence of completion of course or academic modules with audiovestibular focus
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF), clinical supervisor, end of placement and appraisal reports
- Reflective practice entries about patients or families you have seen
- Evidence of awareness of impact of systemic disorders and co-morbidities on hearing and balance such as copies of letters you have written to patients and other healthcare professionals clinic letters, case discussions, MDT minutes with evidence of your contribution
- Evidence of feedback from patients such as patient surveys, thank you letters or cards

- Supervised learning events (SLEs) from the options listed below:
 - CbDs
 - Mini CEXs

Specialty CiP 3: Diagnosis and medical management of hearing disorders and dysacusis across all ages of adults within a holistic biopsychosocial framework

Key skills:

- Demonstrates knowledge of the anatomy, physiology and pathophysiology of the extended auditory system
- Demonstrates knowledge of the range of audiological conditions affecting adults including different clinical populations
- Demonstrates the ability to obtain a comprehensive history, administer appropriate questionnaires and perform a detailed targeted examination in adults
- Demonstrates ability to request appropriate audiovestibular, imaging and laboratory tests, and to interpret test results, integrating all the information to establish a diagnosis
- Formulates and communicates an appropriate patient-centred, multidisciplinary management plan
- Demonstrates understanding of, and follows local and national guidelines and clinical trial protocols
- Liaises with other specialty services when appropriate
- Demonstrates understanding of transitional care from paediatric to adult services

Suggested documentation:

- Evidence of completion of course or academic modules with a hearing and/or dysacusis focus
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF), clinical supervisor, end of placement and appraisal reports
- Reflective practice entries about patients or families you have seen
- Evidence of awareness of investigations of systemic disorders and co-morbidities on hearing and balance such as copies of letters you have written to patients and other healthcare professionals clinic letters, case discussions, MDT minutes

- Supervised learning events (SLEs) from the options listed below:
 - CbdDs
 - Mini CEXs
- Evidence of awareness of issues and guidance relating to transition eg development of protocols, audits, patient satisfaction surveys

Specialty CiP 4: Diagnosis and medical management of vestibular disorders across all ages of adults within a holistic biopsychosocial framework

Key skills:

- Demonstrates understanding of the functional anatomy and physiology of the vestibular and related systems, including central pathways and connections
- Demonstrates good diagnostic skills through accurate history taking, thorough and pertinent clinical examination to reach a provisional diagnosis
- Formulates appropriate differential diagnosis
- Selects and interprets appropriate audiological, vestibular and aetiological investigations, understanding the limitations of these tests.
- Formulates and explains an appropriate management plan, taking into account patient preferences, and the urgency required
- Explains clinical reasoning behind patient-centred diagnostic and clinical management decisions, in collaboration with the multi-disciplinary team
- Recognises need to liaise with specialty services to manage comorbidities and refers where appropriate

Suggested documentation:

- Evidence of completion of course or academic module with vestibular focus
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF), clinical supervisor, end of placement and appraisal reports
- Reflective practice entries about patients or families you have seen
- Evidence of awareness of investigations of systemic disorders and co-morbidities on balance such as copies of letters you have written to patients and other healthcare professionals clinic letters, case discussions, MDT minutes

- Supervised learning events (SLEs) from the options listed below:
 - CbDs
 - Mini CEXs

Specialty CiP 5: Diagnosis and medical management of hearing disorders and dysacusis in neonates and children within a holistic biopsychosocial framework

Key skills:

- Demonstrates knowledge of the anatomy, physiology and pathophysiology of the extended auditory system
- Demonstrates the ability to take an accurate, relevant and detailed audiovestibular and neurodevelopmental history from the child/young person or carer including the ability to identify safeguarding concerns
- Demonstrates ability to perform a thorough and detailed physical examination appropriate to the age and developmental level of the child/young person
- Able to identify medical, social, emotional and psychological problems which may be causative or may adversely affect (re)habilitation
- Able to identify the impact of auditory disorders on the child/young person's physical, social, emotional and psychological well-being and activities of daily living (home, social and school) and the reciprocal impact of these on the auditory disorder
- Able to select and interpret appropriate diagnostic audiological assessments, laboratory tests, imaging and relevant multidisciplinary assessments enabling aetiological diagnosis of auditory disorders.
- Recognises the impact of the diagnosis on the family and selects the appropriate management strategies through multidisciplinary team discussion
- Recognises and support the specific needs of the child/young person and family at different stages of childhood, including transition to young adulthood through relevant agencies

Suggested documentation:

- Evidence of completion of course or academic module with audiovestibular aetiology focus
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF), clinical supervisor, end of placement and appraisal reports
- Reflective practice entries about patients or families you have seen

- Evidence of awareness of developmental issues and of impact of systemic disorders and co-morbidities on hearing and balance such as copies of letters you have written to patients and other healthcare professionals clinic letters, case discussions, MDT minutes
- Supervised learning events (SLEs) from the options listed below:
 - CbdDs
 - Mini CEXs

Specialty CiP 6: Diagnosis and medical management of vestibular disorders in neonates and children within a holistic biopsychosocial framework

Key skills:

- Demonstrates knowledge of the anatomy, physiology and pathophysiology of the vestibular system and its connections
- Demonstrates the ability to take an accurate, relevant and detailed audiovestibular and neurodevelopmental history from the child/young person or carer
- Demonstrates the ability to perform a thorough clinical examination appropriate to the age and developmental level of the child/young person
- Demonstrates the ability to select and interpret appropriate audiovestibular, laboratory, imaging and relevant multidisciplinary assessments enabling aetiological diagnosis of dizziness and balance disorders.
- Demonstrates the ability to formulate and implement a holistic patient-centred management plan, including use of medications, in children and young people with dizziness and imbalance, involving multidisciplinary colleagues as necessary
- Demonstrates the ability to recognise the role and impact of non-vestibular factors in children and young people with imbalance and dizziness and liaises with/refers to related specialties for assessment and management as appropriate
- Works within the framework of local and national guidelines and protocols

Suggested documentation:

- Evidence of completion of course or academic module with vestibular focus
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF), clinical supervisor, end of placement and appraisal reports

- | |
|--|
| <ul style="list-style-type: none"> ▪ Reflective practice entries about patients or families you have seen |
| <ul style="list-style-type: none"> ▪ Evidence of awareness of developmental issues and impact of systemic disorders and co-morbidities on balance such as copies of letters you have written to patients and other healthcare professionals clinic letters, case discussions, MDT minutes |
| <ul style="list-style-type: none"> ▪ Supervised learning events (SLEs) from the options listed below: <ul style="list-style-type: none"> • CbDs • Mini CEXs |

Specialty CiP 7: Able to work in multidisciplinary Audiovestibular Medicine teams

Key skills:

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ Contributes and engages in multidisciplinary team meetings ▪ Understands the role of the members of the multidisciplinary team ▪ Demonstrates effective communication skills including in challenging circumstances | <ul style="list-style-type: none"> ▪ Understands the appropriate patient pathway in relation to audiovestibular disorders ▪ Appropriately communicates need of assessments, test results and further management to other colleagues, patients and carers ▪ Involves other colleagues in shared decision making and values the opinion of other professionals |
|---|---|

Suggested documentation:

- | |
|---|
| <ul style="list-style-type: none"> ▪ Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports |
| <ul style="list-style-type: none"> ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF) |
| <ul style="list-style-type: none"> ▪ Reflective practice entries about patients or families you have seen |
| <ul style="list-style-type: none"> ▪ Copies of letters you have written to patients and other healthcare professionals |
| <ul style="list-style-type: none"> ▪ Minutes from MDT meetings with evidence of your contribution |
| <ul style="list-style-type: none"> ▪ Supervised learning events (SLEs) from the options listed below: <ul style="list-style-type: none"> • CbDs |

- Mini CEXs

- Evidence of feedback from patients such as patient surveys, thank you letters or cards

Specialty CiP 8: Managing and leading multidisciplinary Audiovestibular Medicine service

Key skills:

- Formulates and delivers patient centred care including shared decision making and demonstrates effective teamwork with other professional colleagues
- Demonstrates the ability to take leadership in local, regional and national Audiovestibular Medicine initiatives
- Demonstrates appropriate leadership behaviour and an ability to adapt their leadership behaviour to engage with stakeholders and improve outcomes
- Demonstrates a good understanding of the value of peer review process
- Understands the principles of commissioning process with regards to the audiovestibular needs of the population
- Demonstrates appropriate supervision and influence of colleagues and knows how to escalate any concerns
- Promotes an open and transparent culture and a culture of learning

Suggested documentation:

- Evidence of leading a team such as chairing meetings, meeting minutes with evidence of your contribution
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflective practice entries about patients or families you have seen, service issues, challenging situations
- Evidence of involvement in Audiovestibular initiatives such as organising meetings, leading projects, development of business case, quality improvement projects