**Public Health Specialty Training Programme**

**Annual Review of Competence Progression**

**“Structured briefing for the ARCP panel”??**

This information supplements the Educational Supervisor’s report and advises the ARCP panel on the *“adequacy of the evidence and documentation provided by the trainee”* and the *“review of the trainee’s educational portfolio”*.

This briefing to the panel is not an ARCP outcome decision – this is made by the ARCP panel. Please see guidance notes for completion.

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| **Basic details** (to be completed by admin) | |
| Date of ARCP |  |
| Reviewer’s name |  |
| Registrar name |  |
| Current location |  |

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| **Training pathway** (dates to be completed by admin) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Start date:** |  | | | **ST stage** | |  | | | | | | **CCT date:** | |  | | | | | | **wte** |  | | | | |
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| **Phases** | | **Phase 1** | | | | | | | | **Phase 2** | | | | | | | | **Phase 3** | | | | | | | |
| **HPU attachment** | |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | | |  |  |  |  |
| **On call assessment** | |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | | |  |  |  |  |
| **ARCPs – dates** | |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | | |  |  |  |  |
| **ARCP outcomes** | |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | | |  |  |  |  |
| **Exam dates** | |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | | |  |  |  |  |
| **Part A or B, pass/fail** | |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | | |  |  |  |  |
| **Revalidation** | |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | | |  |  |  |  |
| **Time out of training** (shade) | |  |  | |  |  | | |  |  |  |  | | | |  |  |  |  | | |  |  |  |  |

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| **Review of portfolio evidence** | | | |
| **Documents to be reviewed** | **File names** | **Reviewed?** | **Comments** |
| Conditions for joining training | **Conditions**\_ Surname\_Firstname\_date |  |  |
| Form R | **FormR**\_Surname\_Firstname\_date |  |  |
| Training record form | **TRF**\_Surname\_Firstname\_date |  |  |
| Outcome letter from previous ARCP | **ARCP\_outcome**\_Surname\_Firstname\_date |  |  |
| Annual learning agreement | **LA**\_Surname\_Firstname\_date |  |  |
| Supporting letters | **Letter**\_descriptor\_Surname\_Firstname\_date |  |  |
| Study leave record | **SLR**\_Surname\_Firstname\_date |  |  |
| On-call log | **OCL**\_Surname\_Firstname\_date |  |  |
| Learning outcome sign-off sheets | **Sign\_off**\_[LO code if applicable or phase)\_Surname\_Firstname\_date |  |  |
| Workplace assessment forms | **AS**\_descriptor\_date  **CBD**\_descriptor\_date  **DOPH**\_descriptor\_date  **PRE\_AS**\_descriptor\_date |  |  |
| Evidence | **Evidence**\_descriptor\_date |  |  |
| Academic supervisor report | **ASR**\_Surname\_Firstname\_date |  |  |
| Form 4 | **Form4**\_Surname\_Firstname\_date |  |  |
| Educational supervisor report | **ESR**\_Surname\_Firstname\_date |  |  |
| **Reviewer’s comments on the documentary evidence** | | | |

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| **Assessment of educational progress** | | | | |
| **A “Yes” to both sections recommends to the panel an Outcome 1 (satisfactory progress)** | | | | |
| **You must alert the TPD immediately if you consider there is a possibility of unsatisfactory progress** | | | | |
| **Question** | **Y** | **N** | **Comments and recommendations** | |
| 1) Has the registrar made sufficient **academic** progress? |  |  |  | |
| 2) Has the registrar made appropriate **educational** progress towards meeting the phase requirements? |  |  |  | |
|  | | | | |
| **Comments on progress which is not considered satisfactory**  *NB: The Registrar will be required to attend the ARCP panel* | | | | |
| **Possible outcomes** | | | | **Concerns and suggested feedback to registrar** |
| Outcome **2**: Development of specific competences required – additional training time not required.  Outcome **3**: Inadequate progress – additional training time required  Outcome **4**: Released from training programme with or without specified competences  Outcome **5**: Incomplete evidence presented – additional training time may be required | | | |  |
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| **Completion of training** | | | | |
| **Outcome** | | | | **Suggested feedback to registrar and any recommendations** |
| Outcome **6**: Gained all competences – will be recommended as having completed training and for award of CCT/CESR. | | | |  |

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| **Structured briefing for the ARCP panel** (notes to talk to)  (3-4 minutes context setting and exception reporting) | |
| **Section** | **Notes** |
| *Context*   * Registrar name, start date, ST stage. * Full time or part time; * Current placement; * Phase of training; * Exam status; * Specialist track if relevant (eg academic, health protection); * Previous ARCP outcome and summary of recommendations. |  |
| *Strengths*   * Significant strengths and unique achievements (give 1 or 2 concrete examples of evidence - eg “The supervisor says….”, “This registrar has just received a New Year’s Honour”) * If an Outcome 1 is recommended say so now. |  |
| *Queries and concerns*   * If there are any queries identified from your review of the portfolio which the panel needs to consider. * If an outcome other than 1 is possible, the panel will need to discuss this at this point, concisely list your areas of concern. |  |
| *Recommendations for action*   * The ARCP panel chair will ask you to list your recommendations for this registrar. |  |