The ARCP – a guide for educational supervisors.

Updated version for trainees. This guide was initially written for educational supevisors and modified for trainee which explains why some of it is directed at the trainee and some at the trainer. Hope it is useful

Contents

[Introduction 1](#_Toc425774300)

[Most common mistakes - Avoid an outcome 2, 3 or 5! 1](#_Toc425774301)

[1. Not reading the training matrix. 1](#_Toc425774302)

[2. Not completing the eportfolio correctly. 1](#_Toc425774303)

[3. Not leaving yourself enough time for the exam. 1](#_Toc425774304)

[4. Leaving it too late… 2](#_Toc425774305)

[5. Being an ST2 or an ST5. 2](#_Toc425774306)

[Glossary of Terms 2](#_Toc425774307)

[ARCP 2](#_Toc425774308)

[Panel 2](#_Toc425774309)

[Educational supervisors report (ESR) 2](#_Toc425774310)

[Timing of ARCPS 3](#_Toc425774311)

[Outcomes 3](#_Toc425774312)

[What are we assessing? 4](#_Toc425774313)

[Curriculum progression (as evidenced in the log book on the e-portfolio) 4](#_Toc425774314)

[Basic competencies 4](#_Toc425774315)

[Intermediate Competencies 4](#_Toc425774316)

[Advanced competencies 4](#_Toc425774317)

[Clinical Skills. 5](#_Toc425774318)

[Examination (MRCOG 1,2&3). 5](#_Toc425774319)

[Formative OSATS showing evidence of training since last ARCP. 5](#_Toc425774320)

[At least 3 summative OSATS confirming competence by more than one assessor. At least 1 should be signed by a Consultant. 5](#_Toc425774321)

[Evidence of at least one consultant observed summative OSAT for each item confirming continuing competency since last ARCP. 6](#_Toc425774322)

[Mini- Cex 6](#_Toc425774323)

[CBDs 6](#_Toc425774324)

[Reflective Practice 6](#_Toc425774325)

[Regional teaching. 6](#_Toc425774326)

[Obligatory courses 6](#_Toc425774327)

[Team Observation forms 7](#_Toc425774328)

[Clinical Governance 7](#_Toc425774329)

[Teaching experience 7](#_Toc425774330)

[Leadership and Management experience 7](#_Toc425774331)

[Presentations Publications etc 7](#_Toc425774332)

[Governance 7](#_Toc425774333)

[Finally 8](#_Toc425774334)

# Introduction

This guide was written to help the educational supervisors fill in the educational supervisors report (ESR) correctly to make sure that you get the Outcome you deserve.

A well filled in ESR keeps the panel happy; a poor or incorrect report is hard work for us. We only have 20-30 minutes per trainee as we have over 150 trainees to assess so please try to make our job easy. This is particularly important if you anticipate an outcome 2 or 3 as we can only help you to plan how you are going to take training forward if we have full information. The same applies for trainees in difficulty.

# Most common mistakes - Avoid an outcome 2, 3 or 5!

1. Not reading the training matrix.You need to look at this very carefully in AUGUST (not May). If it says you need 3 summative OSATs then 1 is no good. If your ARCP is in May you need to have 10/12ths of the Matrix done and 11/12ths in June. If you are LTFT then you need to do a pro rata amount.
2. Not completing the eportfolio correctly.You need to understand the difference between Levels 1,2&3 and Basic, intermediate and advanced logbooks. They are not the same. You can sign off you own logbook but only if it is countersigned by your clinical or educational supervisor. Go through your logbook with a fine toothcomb to make sure everything is signed off.If you don’t we will!
3. Not leaving yourself enough time for the exam. You must pass Part 1 by the end of ST2 and Part 2 (+/-3) by the end of ST5 or you cannot progress. Don’t leave it too late to start trying as the pass rate for UK graduates is around 50% for both. It is not acceptable to do all your assessments in the last few weeks. You will miss things and this is poor educational practice.
4. Being an ST2 or an ST5.These are the easiest years to fail as you have pass an exam, complete a large portion and your logbook and obtain lots of competencies. Try and get as much as possible signed off in ST 1,3 and 4 or you make it very hard for yourself. We recognise this is a difficult time but we have a duty to the GMC, HEE and the public to make sure that you are properly trained, and if you don’t have the requisite items in your logbook, **you cannot be awarded an outcome 1**.

# Glossary of Terms

ARCP= Annual Review of Competency Progression. The majority are held in May and June with additional reviews in December.

Panel– consists of at least 3 members, usually one TPD and two College Tutors. Additional panel members could include, Head of School, Dean, External RCOG rep, Lay Rep. The panel has only 20-30 minutes to assess each trainee and therefore relies very heavily on the information provided to us in the **educational supervisors report (ESR).**

Educational supervisors report (ESR)**.** The educational supervisor should expect to take 1-2 hours to fill out the report properly. Each educational supervisor should be paid .25PA per week per trainee so there should be plenty of time in the job plan for this.

The report allows for free text comments in nearly all the domains so that the educational supervisor can give a fuller picture of how the trainee is progressing than can be seen from just the numbers

The comments at the end are most important to give the Panel a clear idea of how you think the trainee is progressing. They should also give the trainee a clear idea of the outcome they should expect at the ARCP and acknowledge any highlights or failings in the year.

Timing of ARCPS **–** for the majority of trainees the training year ends in July. If the ARCP is held in May we will assume they should have completed 10/12ths of their tasks and in June 11/12ths. LTFT trainees should complete assessments pro rata for the amount of time they work. Some trainees are out of sync for various reasons and these trainees will be assessed against the time in the training year that they have reached

Outcomes

1. Achieving progress and competencies at the expected rate
2. Development of specific competencies required – additional training time not required.
3. Inadequate progress made by the trainee – additional training time required. (1 year allowed in total during specialty training)
4. Released from training programme with or without specified competencies.
5. Incomplete evidence presented – additional training time may be required.
6. Gained all the required competencies: will be recognised as having completed the training programme and for the award of a CCT or CESR.
7. No longer exists
8. Out of programme

# What are we assessing?

The trainee is being assessed against the standards of the RCOG Training Matrix.<https://www.rcog.org.uk/globalassets/documents/careers-and-training/assessment-and-progression-through-training/training_matrix.pdf>

This will change each year so both trainee and trainer need to make sure they are using the most up to date matrix.

The Matrix is currently divided into 15 sections and for each Training year there are different requirements for each section.

The ESR follows the format of the matrix and requires you to assess your trainee’s competence for each criteria. In order to do this you will need to critically appraise your trainee’s e-portfolio and this is what takes the time. I will discuss each section below

## Curriculum progression (as evidenced in the log book on the e-portfolio)

This is the cause of the most inaccuracies in the ESR. For each criteria in the logbook there are 3 levels of competency

Level 1 = Observation

Level 2= do under direct supervision

Level 3 = able to do unassisted

As well as being divided into levels of competency, the logbook is divided up into Basic, Intermediate and Advanced competencies. **These are not the same as the Levels above**

Basic competencies = all white boxes in the Logbook. Need to show evidence of progression in ST1 and needs to be completed by the end of ST2

Intermediate Competencies= all pale pink boxes. Need to show evidence of progression in ST3 and 4 and be completed by end of ST5

Advanced competencies = all dark pink boxes. Need to show evidence of progression in ST6 and completion by end of ST7

.

It is really useful if you make a comment at the end of the section detailing how far the modules are completed. For example at the end of ST4 a trainee may have no intermediate modules fully complete but most of them nearly done. A comment to this affect will reassure the panel that the trainee is progressing well and that you have reviewed the log book properly

Clinical Skills.This is very straightforward. They need to be 1st, 2nd or 3rd on call (where available). We do not have a problem with this bit

Examination (MRCOG 1,2&3). Again this is very easy. Part 1 needs to be passed by the end of ST2 and Part 2&(3 from Sep 2016) by the end of ST 5. If the trainee does not achieve this you need to make sure they are aware that they will be given an outcome 3.

Formative OSATS showing evidence of training since last ARCP. Different OSATS will be needed for each year of training**.**  1 is enough. You need to carefully check which ones they need.

At least 3 summative OSATS confirming competence by more than one assessor. At least 1 should be signed by a Consultant. Different OSATS will be needed for each year of training so again check carefully (refer to the training matrix). You need to be particularly careful in the more senior years when for example it may ask for competency in 3rd/4th degree tear or opening/closing at a gynae case. We may look at each OSAT to make sure it really does confirm the competency required. The competencies can be gained in previous years. It is then helpful to make a comment in the box on the right hand column of the ESR. If your trainee has less than 3 competencies but you are confident they will obtain them in the training time remaining please state this in the comments box.

Evidence of at least one consultant observed summative OSAT for each item confirming continuing competency since last ARCP.Hopefully this is fairly self explanatory

Mini- Cex **.**  Need to do 8 ideally spread out throughout the year and in the junior years should be roughly half obs and half gynae (pro-rata for LTFT trainees). In the senior years the split will reflect the trainees interests and ATSMS.

CBDs **.** Need to do 8 ideally spread out throughout the year and in the junior years should be roughly half obs and half gynae (pro-rata for LTFT trainees) . In the senior years the split will reflect the trainees interests and ATSMS

Reflective PracticeNeed to do 8 ideally spread out throughout the year (pro-rata for LTFT trainees). Should include reflection on any complaints or adverse outcomes and need to be shared with educational supervisor.

Regional teaching. Need to attend 5 sessions per year (pro-rata for LTFT trainees). If they have then booked after the ARCP please make a note in the comments

Obligatory courses Different for each year. Can be attended prior to the stated year. If on a booked course after the date of ARCP please note in comments

Team Observation forms **-**  TO1s should be sent out twice per year, before the 4 and 8 month appraisal with the educational supervisor. Each round needs at least 10 TO1s (aim for 15) and should include your current supervising consultant(s) – at least 3 consultants ,Senior members of nursing and midwifery staff in different clinical areas – antenatal setting, labour ward, gynaecological wards and outpatient clinics, theatres (both obstetric and gynaecological) ,Trainees – a maximum of 3 (at all levels), Staff from other specialties outside of O&G – must be senior medical staff, Specific individuals/groups as directed by ARCP panel objectives

Clinical Governance 1 completed and presented project. Evidence of attendance at local risk management meetings

Teaching experienceSuggested experience listed against year group

Leadership and Management experience– suggested experience listed against year group

Presentations Publications etc **-** suggested experience listed against year group

# Governance

The rules governing ARCPs are drawn up by the GMC and detailed in The Gold Guide (http://specialtytraining.hee.nhs.uk/news/the-gold-guide/)

# Finally

If you have any questions please initially contact your College Tutor. If they can’t help please feel free to contact the Associate TPD for assessment (currently Charlotte Patient, [charlotte.patient@addenbrookes.nhs.uk](mailto:charlotte.patient@addenbrookes.nhs.uk) ) or the TPD (currently Jo Nieto [joaquin.nieto@nnuh.nhs.uk](mailto:joaquin.nieto@nnuh.nhs.uk) ). We particularly would like to hear from you if you think your trainee is in difficulty or unlikely to be awarded an Outcome 1.

Good Luck!