**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? |  |  |  |
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| **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 requiredOutcome **4**: Released from training programme with or without specified competencesOutcome **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.
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| *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.
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| *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.
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| *Recommendations for action** The ARCP panel chair will ask you to list your recommendations for this registrar.
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