



The East of England (EOE) ISCP Portfolio Regional Handbook

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Preface

Welcome to the East of England and congratulations on starting Core Surgical Training! When our cohort started in August, a large number of us experienced some levels of apprehension associated with utilising a new online portfolio. We noticed CT1s generally felt largely uncomfortable with ISCP and data from our ISCP Regional Audit revealed that most still did not feel as if they had completely gotten to grips with it after their first year in Core Training. Thus, the following handbook has been designed in attempt to simplify the ISCP online portfolio and explain what is required to successfully pass ARCP.

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Acronyms to be Aware of

The following acronyms are essential in understanding how to effectively use ISCP. There will be a large amount of overlap from Horus.

→ **WBA - (Work-Based Assessment)** - This is an umbrella term for the different types of assessment methods used in the Eportfolio system. They are used to monitor progress of the trainee against performance standards to assess whether a trainee is meeting the expected requirements.

The following below are all deemed different types of WBAs:

→ **CBD - (Case-Based Discussion)** - A discussion of a clinical scenario between a trainee and an assessor about the management of a clinical case by a trainee. The process focuses on various aspects including history taking, clinical examination, knowledge base, decision making, documentation skills as well as communication, professionalism and leadership

→ **CEX - (Clinical Evaluation Exercise)** - This is a WBA focused on assessing certain skills essential to providing good clinical care. These can include aspects of patient interaction such as history taking, physical examination, communication skills, professionalisms etc.

(e.g. Performing a lower limb peripheral vascular examination OR a discussion relating to DNAR with a patient and their family OR Performing an ABPI in a patient with suspected CLTI)

→ **CEX-C - (Clinical Evaluation Exercise for Consent)** - This is a CEX exercise focused on consenting patients - discussing the procedure, alternatives, intended benefits and associated risks etc.

→ **DOPS - (Directly Observed Procedural Skills)** - These are assessments focusing on procedural skills. They can be parts of an operation (e.g. incision) or something that may be performed at the bedside (e.g. a rigid sigmoidoscope for sigmoid volvulus).

DOPS are subdivided based on speciality and there are certain DOPs which are mandatory requirements for Core Surgical Training. These include:

- Surgeon Preparation (Gloving & Gowning)
- Preparation of an Aseptic Field
- WHO Checklist Completion
- Incision
- Closure
- Administration of Local Anaesthetic

→ **PBA - (Procedure-Based Assessment)** - This assesses a trainee's operative and professional skills throughout key portions of or the entirety of a surgical procedure (e.g. performing an entire appendicectomy or focus on insertion of the umbilical port using the Modified-Hasson technique).

→ **AoA (Assessment of Audit)** - This assessment focuses on a trainee's ability to perform the required steps of a clinical audit - from the moment of conception to the time it is presented. Focus will be placed on the guideline audited against, methods of data collection, analysis of the data and presentation within the appropriate setting/meeting.

→ **MSF (Multi-Source Feedback)** - This is a method of peer assessment whereby information is collected on various attributes of an individual's skills (clinical care, maintaining good clinical practice, learning and teaching & relationships with colleagues). A minimum of 12 raters is required including one's Academic Educational Supervisor (AES).

→ **OOT (Observation of Teaching)** - Observed teaching sessions delivered by the trainee

Other Non-WBA Acronyms include:

→ **AES - (Academic & Educational Supervisor)**

→ **CS - (Clinical Supervisor)**

→ **TPD - (Training & Programme Director)**

Minimum Requirements for ARCP

The following are a rough guide to minimum requirements to passing ARCP. These have been derived from the 'ARCP & Interim Progress Review Checklist' and the 'Core Surgical Training Mandatory WPBA Checklist' on the HEE EOE website. Other key bits have also been mentioned by Miss Edwards (TPD) at previous induction talks.

NOTE - This list intends to be succinct with all key aspects however requirements do change year by year - please cross reference this with other important resources so as to avoid any difficulties during ARCP.

Targets for the Year

→ 120 Operative cases on eLogbook (60 cases per 6 month rotation)

→ 1x AoA

→ 3-4x OOT (Recommended)

→ 1x Valid MSF (with a rating of at least satisfactory)

→ 3x each DOPs (Total 18)

- 3 LA Administration
- 3 Surgeon Preparation (Scrubbing & Gowning)
- 3 Preparation of Aseptic Field
- 3 Incision
- 3 Closure
- 3 WHO Checklist Completion

→ 6x Mini-CEXs (3x every 6 month rotation)

- 3 Must be in an acute setting, 3 Must be in a clinic setting

→ 6x CEX-Cs (3x every 6 month rotation)

→ 6x CBDs (3x every 6 month rotation)

→ 6x PBAs (3x every 6 month rotation)

(A Total of 1 WBA a Week was recommended to us at Induction)

Competency	WPBA Form to use on ISCP	Minimum Level Required
Take a tailored history and perform a relevant examination in an outpatient clinic	CEX (Clinic; history & exam)	2
Take a tailored history and perform a relevant examination for an acutely unwell patient	CEX (A&E/ward; history & exam)	2
Effective hand washing, gloving and gowning	DOPS (Surgeon preparation)*	4
Accurate, effective and safe administration of local anaesthetic	DOPS (Administration of local anaesthetic)*	3
Preparation and maintenance of an aseptic field	DOPS (Preparation of aseptic field)*	3
Incision of skin and subcutaneous tissue	DOPS (Incision)*	3
Closure of skin and subcutaneous tissue	DOPS (Closure)*	3
Completion of WHO check list (time out and sign out)	DOPS (WHO checklist completion)*	3

The following is taken from the 'Mandatory WPBA Checklist'. You should aim to meet the minimum level required stated for the individual WBAs by the end of CT1.

→ Completion of MRCS Part A by end of CT1, Completion of Part B Early CT2 (to be eligible to apply for ST3)

→ Successful completion of BSS, CCrISP & ATLS by the end of CT2

How to Add a Placement to ISCP

To add your placements onto ISCP, click 'ADD' on the ISCP dashboard. From the drop down list that appears, select 'Placement' which can be found under heading 'TRAINING HISTORY'.

You should complete 'key training details' section as follows:

Appointment type → Core StR

Parent specialty → Core Surgical Training

Deanery/Local Office → Health Education East of England

Training Programme Director → Miss Claire Edwards

For 'Placement Details' it is imperative you **enter each 6-month placement separately** and not as a single 12-month placement. Even if you are scheduled to remain in the same department for 12-months, it should be entered as 2 6-month placements.

Full time trainee? → Yes/No

Specialty of placement → select your specialty

For 'Supervisors for this placement', please type your Supervisor's name or GMC no. into the drop down menu and select.

Assigned Educational Supervisor → AES usually same person for the year

Clinical Supervisors → Multiple CS can be selected. If your AES is your CS please select another consultant you work with regularly.

Finally complete the placement agreement and tick the relevant boxes.

Once completed the TPD can validate your placements and you can start using ISCP!

eLogbook Issues & How to Resolve Them

eLogbook is used to log cases and is likely familiar to many of you. eLogbook can be linked with ISCP and is a useful way for you as well as your CS/AES or TPD to track your progress.

If you have never used eLogbook you will need to register on www.elogbook.org and be sure to provide your GMC number whilst registering.

→To add an operation to your eLogbook using ISCP, click the 'ADD' tab and choose 'eLogbook' in the 'Other Forms' section.

→When doing this for the first time through ISCP, you will need to log in to eLogbook using your username and password. After this, your eLogbook and ISCP will pair, and you will be signed on to eLogbook automatically.

For eLogbook and ISCP to integrate and your case numbers to appear on ISCP, your eLogbook username **MUST** be your GMC number. A common issue for those who have held an eLogbook account as a medical student or have registered for an account without their GMC number is for ISCP to not tally their cases.

To resolve this, you must create a new account that uses your GMC number as username. You will then need to contact eLogbook via helpdesk@elogbook.org with both your old and new usernames. They will be able to transfer any existing cases onto your new account.

Once set up we recommend using the eLogbook app on Android/iPhone, so you can log your cases on the go!

The Multisource Feedback Form (MSF)

Also known as the ‘peer assessment’ or ‘360° assessment’. The Multisource Feedback (MSF) Form is a mandatory type of WBA similar to the ‘Team Assessment of Behaviour’ (TAB) on Horus. Completion of an MSF to ‘Satisfactory’ level is imperative to successfully pass ARCP.

The MSF should be undertaken:

- In the 3rd month of the first 4 month placement of the year (if 3x4 month)
- In the 5th month of the first 6 month placement of the year (if 2x6 month)
- In the 5th month of a 12 month placement (if 1 year)

A minimum of 12 people are required to complete an MSF. One of these must be your AES.

MSF Progress

The table below shows the current progress of this MSF.

As ratings are received from your raters the colours in each category will change from yellow to green.

Your MSF must have a self-rating and a rating from one AES.

You require at least one rater in each of the other categories with no limit to the overall number you can choose.

Once the minimum overall number of 12 raters (AES plus 11 others covering all categories) and your self-rating is received you will be able to submit the MSF to your AES.

The MSF process is designed to be driven by the trainee, however your AES will be able to either sign off the MSF or return it to you with comments. Sign off by your AES should include a meeting with you to discuss the feedback. Once signed off you will be able to make final comments to complete the process.

AES	0	Consultant (At least one required)	0	0 (Minimum 11 required)
		Other Doctor (At least one required)	0	
		Senior Nurse (At least one required)	0	
		Health Care Professional (At least one required)	0	
Self Rating	0			

Other categories include consultants (≥ 1), other doctors (≥ 1), senior nurses (≥ 1) and other healthcare professionals (≥ 1). You will also be expected to complete your own self rating. If a rater is not on the ISCP system, you will require their email to send a ticket.

General Navigation – ‘Dashboard’

ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

MENU ▾ DASHBOARD ▾ LEARNING ADD ▾ PORTFOLIO ▾ FAQs

INFORMATION

- > Notices
- > Work in Progress **3**
- > Messages **2**
- > Who can see my account?
- > What's happened on my account?

TRAINEE SETUP

- > Training History
- > Account Details
- > My Profile
- > Upload a CV
- > JCST Fee

JCST INFORMATION

- > Enrolment
- > Training Information

OTHER USERS

- > Rate Others
- > Find a trainer


The ‘dashboard’ is found on the main page and is one of the key tabs required during your use of ISCP. Highlighted within the red box are the key functions within the Dashboard tab that you will likely need/be expected to use.

→ **‘Upload a CV’** - this is self-explanatory. You will be expected to upload a CV at both the beginning and end of the year just before ARCP.

Curriculum Vitae

Upload a CV

Please note that your CV will be visible to **everyone who has access to your account**.

Uploaded CV KhalidAhmed_AlHashimi_CV Updated.DOCX  Uploaded

→ **‘Work in Progress’** - this tab will take you to any outstanding WBAs which may still be awaiting either completion (will be left in a draft-type state) or validation by a nominated trainer. You will have the opportunity to send reminders to the nominated trainer after certain time periods.

Work in Progress 

Select type All Work in Progress ▾

PBA Draft

The 'Work in Progress' function is likely to be the function most frequently used by yourselves whilst actively contributing to your ISCPs on a regular basis. It is important you constantly refer back to this and cross-reference this with your 'Portfolio' tab to check progress.

→ **'Messages'** - Much like an inbox for an email. Any important notifications will show up here on this screen. It will usually involve messages relating to confirmation of a specific rotation or your TPD confirming you as a trainee.

Messages

[Compose new message](#)

Inbox | Message Threads | Drafts | Sent | Folders

Messages moved to folders can be viewed by selecting the relevant folder below.

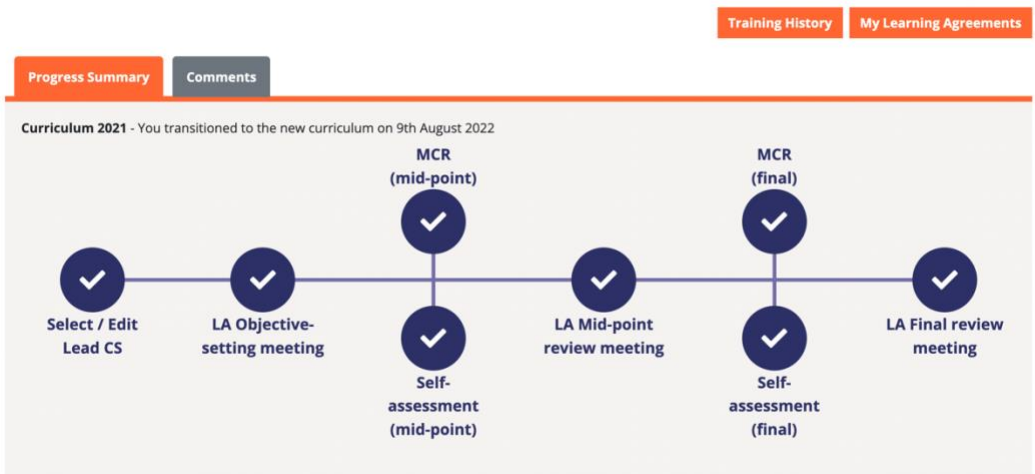
Folder:

Select All

- | | | | |
|--------------------------|-------------------|---|--|
| <input type="checkbox"/> | 14 Feb 2023 13:48 | Your TPD has confirmed you as their Trainee | Edwards, Claire (Miss)
[GMC: 4324032] |
| <input type="checkbox"/> | 23 Aug 2022 13:03 | Your TPD has confirmed you as their Trainee | Edwards, Claire (Miss)
[GMC: 4324032] |

General Navigation – ‘Learning’

From the Dashboard, selecting ‘Learning’ will open the learning agreement page displaying each placement that has been created. Selecting ‘objective’, ‘mid-point’ or ‘final’ will open the page below, which shows a timeline of the placement with the checkpoints shown below:



→ **Select/Edit Lead CS** - This allows you to select the Lead CS from clinical team you regularly interact with. This should be done at the beginning of the placement.

→ **Objective-setting meeting** - This meeting should be organised between yourself and your AES. It is where you establish the expectations and objectives of the placement. This should be held within the first 2-3 weeks of the placement start.

→ **MCR (mid point) - (Multi-Consultant Report)** - this report is completed by your CS and will assess your progress against the objectives and aims set in the initial meeting. This should occur around 3 months into a 6-month placement.

→ **Self-assessment midpoint** - You should complete the self-assessment to assess your own performance using the criteria set in the objective-session meeting.

→ **LA Mid-point review meeting** - the Learning Agreement Mid-point review meeting should take place with your AES. It allows you to access the MCR and compare it with your own self-assessment to assess your progress at the midway point. This should take place 3-4 months into the 6-month placement.

→ **MCR (final) and self-assessment (final)** - very similar to the mid-point review MCR/self-assessment. They allow both trainers and trainees to reflect on the placement. These should take place during the last month of the placement.

→ **LA Final review meeting** - this final meeting between you and your AES should be undertaken after the final MCR and self-assessment. Your AES will discuss your portfolio and MCR and progress over the placement. This meeting should take place during the last month of the placement.

We recommend that you contact your AES/CS early to set meetings. With on-calls and annual leave it may be difficult find times to meet. Arranging them early will help avoid stress and worry.

General Navigation – ‘Add’

ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

MENU - DASHBOARD - LEARNING **ADD** - PORTFOLIO - FAQs

TRAINING HISTORY

- > Placement
- > Out of Training/Leave form

OTHER FORMS

- > eLogBook
- > Journal Entry
- > PDP
- > Rota

EVIDENCE

- > Assessment of Audit (AoA)
- > Case Based Discussion (CBD)
- > Clinical Evaluation Exercise (CEX)
- > Clinical Evaluation Exercise for Consent (CEXC)
- > Direct Observation of Procedural Skills (DOPS)
- > Multi-Source Feedback (MSF)
- > Observation of Teaching (OoT)
- > Procedure Based Assessment (PBA)

OTHER EVIDENCE

- > Audit
- > Awards and Prizes
- > Courses / e-learning
- > Examinations
- > External conference / Meeting
- > Internal meeting / Teaching attended
- > Patient feedback received
- > Positions of responsibility
- > Presentation
- > Project
- > Publication
- > Research
- > Teaching sessions by trainee
- > Significant event / Critical incident
- > Miscellaneous

The ‘Add’ function is found on the main page and is another one of the key tabs required during your use of ISCP. This will allow you to add any of the WBAs or additional evidence of progress throughout the year. It is worth noting the two key columns are highlighted in red.

→ Under the ‘**Evidence**’ heading - the main WBAs will be available and the forms for the respective WBA will open. The steps after this will become self-explanatory. **Any WBA’s submitted after this will become immediately visible on the ‘Work in Progress’ section of the ‘Dashboard’**

→ Under the ‘**Other Evidence**’ heading - Additional aspects which are not all imperative to passing ARCP however will demonstrate your progress. You are able to add Prizes, courses and conferences, oral or poster presentations as well as any research you have engaged in.

NOTE - You will be expected to add your Examinations and Audits here.

General Navigation – ‘Portfolio’

PROGRESS	EVIDENCE	OTHER FORMS
<ul style="list-style-type: none"> > Portfolio Summary > Global Objectives > Learning Agreements > WBAs Required For Certification > ARCPs 	<ul style="list-style-type: none"> > Assessment of Audit (AoA) 1 > Case Based Discussions (CBDs) 14 > Clinical Evaluations (CEXs) 8 > Clinical Evaluations for Consent (CEXCs) 7 > Direct Observation of Procedural Skills (DOPS) 21 > Multiple Consultant Report (MCR) 3 > Multi-Source Feedback (MSF) 1 > Observation of Teaching (OoT) 4 > Procedure Based Assessments (PBAs) 7 > Self-assessment 3 > Other Evidence 13 	<ul style="list-style-type: none"> > eLogBook > Journal entries > PDPs 1 > Rotas <p>HISTORIC FORMS</p> <ul style="list-style-type: none"> > OCAP Learning Agreements

The ‘Portfolio’ function is the final of the key tabs. Here you will be able to access all validated WBAs and any ‘Other Evidence’ from the ‘Add’ function. You will be given a generalised overview of how you are doing.

NOTE - Remember you should be aiming for a total of 52 WBAs (one a week) as a minimum to ensure your portfolio is not called into question as advised by Miss Edwards (TPD). Please refer back to the ‘Minimum Requirements for ARCP’ chapter within the booklet to help

Final Words & Important Links

We hope you have found the following guide to be helpful. We appreciate that not everything can be completely covered within this handbook, however this should provide you with the foundation you require in order to feel more comfortable with ISCP, whilst enabling adequate progression.

Below are some helpful links from the EOE website which can be used to identify additional guidance to successfully ensure your portfolio meets the requirements for ARCP.

<https://heeo.e.hee.nhs.uk/surgery/core-surgical-training-east-england>

<https://heeo.e.hee.nhs.uk/surgery/core-surgery/trainee-resources/arcp-guidance-and-faqs>