The Educational Supervisor’s Structured Report (Summative Assessment) for the ARCP.
Every trainee must have a report at the end of their training placement from their Educational Supervisor, and this is a cornerstone in a trainee’s evidence of training progress.

Gold Guide v5 (section 7.40) makes it explicit that these reports should be completed two weeks before the ARCP panel meet to review a trainee’s portfolio, alongside all the other evidence of training specified by the specialty curriculum.

The exact content of the report varies by specialty, but these themes apply to all:

- ES name, clinical role and GMC number
- Trainee’s current placement in the programme (eg CT1, ST5 etc)
- Summary of all the work place based assessments undertaken in this placement
  - Overall numbers
  - Formative and / or summative numbers
- Specific comments by the ES on breadth of topics, learning, evidence that trainee has absorbed and acted on feedback, eg

![Wrong Example]

`‘has done 20 mini C-Ex’` is less useful than

![Correct Example]

`‘has done 4 on chest pain, six on the acute abdomen and three on acute mental health presentations’` (College of Emergency Medicine training requirements)

![Wrong Example]

`‘has had a great MSF from 12 raters’` confirms a reasonable number but makes no mention of `who` gave feedback, nor why it is `great’`
‘the multisource (360 degree, or TO2) feedback was from 12 raters, including three consultants, two in-patient ward managers, a secretary, three near peers, an occupational therapist, a speech therapist and a prosthetics technician indicates that Fred is a reliable member of the team, able to run a multidisciplinary case meeting and values contributions from all involved in patient care’ is much more informative.

- You will be asked about AUDIT and / or QUALITY IMPROVEMENT PROJECTS.

‘has done one on acute admissions with asthma’ does not inform what the trainee actually did.

‘Maria designed an audit tool to look at time from admission to first administration of a nebuliser, admission blood gases and peak flow and benchmarked these against departmental standards’ is a good start, made even better by adding, ‘and made recommendations for improving staff response times, which will be re-audited in six months’ time’

- You may be asked to comment on the trainee’s attendance at teaching events (typically there is a standard of attendance at 60%), and possibly on their teaching practice (to students, peers, nurses, at Journal Clubs etc)
- You may need to verify attendance at specified courses during certain points in training (e.g. third degree tear course for O&G trainees by the end of ST2), which requires sight of the trainee’s certificate of attendance.
- You will be asked about any complaints and critical or serious incidents where the trainee was named, or identified during investigation into the event. If these have
been investigated and closed this should be stated. If the investigation is ongoing this too must be made clear. You are expected to discuss this with your trainee soon after it comes to your notice so they can REFLECT and LEARN from the incident.

- You may be asked about the trainee’s SICKNESS / ABSENCE record. If a trainee misses more than two weeks from a training year due to illness, pregnancy or other, often ‘unplanned-for’ absences then their CCT date may need to be adjusted to allow time to catch-up on missed training. This is done at the ARCP.
- You will be asked to comment on the trainee’s PROGRESS through the training curriculum. This may be free text, or may be very specific.
- You may need to do a “SWOT” analysis of your trainee’s strengths, weaknesses needing development.

It should be reasonably evident that for an educational supervisor to answer these questions that a forensic review of the eportfolio is necessary. All the Royal Colleges have aids on their websites to help the supervisor match the evidence offered against requirements for that phase of training in your specialty. These may be called ‘training matrix’ (RCOG), ‘curriculum ARCP checklist’ (CEM), ARCP decision aids (JRCPTB) etc. Typically you will need around **90 minutes** to review the evidence and fill in the electronic forms, and it may be worth alerting the trainee to this is good time, thus avoiding any last minute rush on either side to meet the deadline.

At the ARCP day, the time set aside per trainee, to review their evidence and your report is about **20 minutes** as many specialties need to assess progress on thirty to eighty trainees every year. For example, there are around 35 trainees in cardiology, so even at 20 minutes per doctor, the process consumes two days as there is a requirement for trainees not getting an outcome 1 (progress at the expected rate with (all) targets achieved) to have a face-to-face debrief. In core psychiatry there are over 60 trainees. For doctors in the smaller specialties with a handful of trainees, there is a drive at HETV to run two or three small specialties in sequence over a day as this makes economical use of the time for the administrative team, Lay Rep and Dean’s Rep to support the process.