ST4-6 Emergency Medicine Training In Wessex

Trainees’ Guide 2017

+ ARCP Guide ST4-6
Emergency Medicine

Dr Jude Reay
Training Programme Director HST4+

Dr Jo Hartley
Head of School

Wessex School of Emergency Medicine
Dear New Trainees

Can I start by welcoming you all to the Wessex Higher Specialist Training Programme. We are proud of our reputation for excellent training, in particular:

- We have some of the best results for FRCEM in the UK.
- Our commitment to training is demonstrated by the number of examiners in region (every dept)
- We run:
  - An annual mock FRCEM exam, attended by all HST. Usually also open to EM ST1-3 for OSCE practice.
  - Annual critical appraisal training day
  - Annual ultrasound training day
  - Training and support for QIP
- Our regional trainee association, WREMTA, organises 15 protected training days per year which are trainee run with consultant oversight. The programme runs over two years with a mix of curriculum-based clinical, management and exam related training.
- We protect training. The Wessex School of EM has clearly defined maximum rota intensity to ensure work-life balance and training opportunities are not adversely affected by service provision. We believe this is vital in the current EM climate.
- A “personal development” day is allocated to each trainee per month for project/audit work, management meeting attendance or clinic attendance
- We support trainees who wish for to apply for subspecialty accreditation (ICM & PEM are both in region) and Health Education Wessex offers fellowships in quality improvement and education
- We encourage Out of Programme applications for suitable projects
- We encourage trainees to be involved in the delivery of training and all trainee groups are represented at School Board Meetings

If you have any questions or concerns please feel free to contact me directly,

With best wishes

Jo

Dr Jo Hartley
Head of School for Emergency Medicine, Wessex
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WHO’S WHO

The people involved in your training are:

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<th><strong>Deanery Team</strong></th>
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<tr>
<td>Programme Manager</td>
<td>Anna Parsons</td>
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<td>Telephone: 01962 718422</td>
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<tr>
<td>Head of School for EM</td>
<td>Dr Jo Hartley</td>
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<td><a href="mailto:joanna.hartley@porthosp.nhs.uk">joanna.hartley@porthosp.nhs.uk</a></td>
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<tr>
<td>Training Programme Director for ST4-6</td>
<td>Dr Jude Reay</td>
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<tr>
<td>Training Programme Director for ST1-3</td>
<td>Mr Lee Gray</td>
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<tr>
<td>Lead for Paediatric Emergency Medicine</td>
<td>Dr Jo Rowlinson</td>
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<tr>
<td>College Tutor Southampton</td>
<td>Miss Diana Hulbert</td>
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HELP

If you have any training administration concerns then the first port of call is normally the Deanery programme manager (Anna Parsons) or programme co-ordinator (Kirsty Sharpen).

If you have other training or personal concerns you should first speak in confidence to your Educational Supervisor or College Tutor, but at all times you are welcome to get in contact with the Training Programme Director (TPD) or Head of School (HoS) directly. Talking early to your trainers if you are worried about anything is helpful and professional. Most problems can be addressed within your local department and Trust. Common issues are with exams, health or training progress. Don’t forget each Trust will also have its own Director of Medical Education (DME) who you or your trainers can contact too for support.

From time to time, doctors struggle to make progress in training despite local support or would benefit from specific expertise. Wessex Deanery has a **Professional Support Unit (PSU)** for this purpose where referrals come from your local team in partnership with you [http://www.wessexdeanery.nhs.uk/professional_support_unit.aspx](http://www.wessexdeanery.nhs.uk/professional_support_unit.aspx)

PSU is also able to receive self-referrals or confidential enquiries through their dedicated email: wessex.support@wessex.hee.nhs.uk

Please register with a GP if you are new to the area and remember your Occupational Health Department can help if you have health concerns related to work.

WREMTA

Wessex has a ‘Wessex Regional Emergency Trainees Association’ which meets 15 times a year for regional training days. One senior trainee takes responsibility for co-ordinating the WREMTA programme each year.

All trainees are given protected time to attend the 15 annual regional training days, the exception being when they are on nights. If you miss a WREMTA session through nights this should be added to your SL. You are expected to attend 70% of sessions (which will be checked at ARCP).

The format of WREMTA is focused on your training needs. All the sessions are trainee run with consultant oversight. The training is mapped to the curriculum and FRCEM requirements. The timetable is circulated via the trainee email group (email: wessexwremta@gmail.com) and is also available on the Deanery website.

TEACHING TRAINEES

As a registrar you will be expected to teach, both formally and on the shop floor. You will be requested to do WPBAs for more junior trainees and other ED clinicians. RCEM recommends that all trainers have had face to face training on how to do WPBAs.

For ACCS trainees, their SUMMATIVE assessments must be done by consultants ([or post-FRCEM registrars](http://www.wessexdeanery.nhs.uk/professional_support_unit.aspx)), but registrars can do formative assessments and DOPS with them.

April 2017
Overall responsibility for training is through the Deanery.

Training jobs are allocated by the Training Programme Director. Your 3 year programme will usually rotate through 3 of the 5 hospitals, one of which is Southampton University Hospital as the Major Trauma Centre. If you have any particular location requests please contact the TPD directly, but you will be asked to send your preferences in the spring. We try hard to meet your location preferences but compromise and flexibility are sometimes needed, especially as the rotation gets fuller. You should be prepared to travel.

Changeover for ST5 and 6 rotations is on the first Wednesday in September (ST4 usually keep the August changeover). You will know your next placement location at least 12 weeks in advance.

The Deanery Website [www.wessexdeanery.nhs.uk](http://www.wessexdeanery.nhs.uk) has all the information required for people considering Out of Programme Experience (OOPE) and less than full-time training. There are opportunities locally for OOPE in medical education, research, service improvement and it is possible to dual accredit in both Paediatric EM and Intensive Care Medicine in Wessex. We have also supported trainees to do Pre-Hospital EM out of region, and our own programme starts in 2017 (applications via national recruitment). If you are considering any of these you are advised to contact the TPD /HoS/ Programme Manager informally in the first instance for support and assistance.

Amendments to your length of training are co-ordinated through the Deanery and RCEM. Please also ensure that both the Trust and the Deanery are aware of dates in plenty of time, for example for maternity leave. Similarly at the end of training you will need to tender your resignation to the Deanery as well as the Trust.

**Training Posts**

You will usually spend one year in each hospital on your rotation. Whilst in the Trust you are employed both by them and the Deanery.

Each department has a College Tutor who oversees all the education and training within that department. Each trainee is allocated an Educational Supervisor (ES) for their time in that trust. You will meet with them soon after joining for an initial meeting and then at 3 monthly intervals. It is your responsibility to organise these meetings, and to ensure that they are documented on e-portfolio. Your ES will also complete your structured training report before ARCP.

All the department consultants will clinically supervise you on shifts, and can be asked to perform WPBAs. **Only Consultants** can complete your CBDs and mini-CEXs. Associate Specialists and Consultant Nurses can only complete DOPs and MSFs, although they offer a wealth of advice and support. You need to be aware that Consultant Nurses cannot legally take the ultimate responsibility for patients that you see.

**Annual Review of Competence Progression Meeting (ARCP)**

Every year you will meet an ARCP panel to review your training progress. Read the full details of what will be required in the “[ARCP Guide ST4-6 EM](http://www.wessexdeanery.nhs.uk)” which is on the Deanery Website (and at the end of this document)
The RCEM curriculum was updated in August 2015 and everyone is now on the new curriculum which has been updated in your e-portfolio. The main changes were for ST4-6 trainees, so use the RCEM website to make sure you know exactly what’s needed. Key Documents are accessed from:

http://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Curriculum/RCEM/Exams_Training/UK_Trainees/Curriculum.aspx?hkey=b71ea8aa-ad2f-43fa-b875-0751888ff76c

Here you will find:

- **2015 Curriculum** – all 392 pages of it! The 25 Common Competencies and their descriptors are on p21-112
- **Appendix 1** guide to WPBA
- **Appendix 2** templates for all the WPBA forms together with guidance for what constitutes good performance. Use them for information but please ticket WPBAs from e-portfolio
- **ARCP checklists** (in “The 2015 RCEM WPBA schedule”)

The training emphasis is on developing both independence and competence. There are far fewer mandatory WPBAs. A new type of mandatory assessment the Extended Supervised Learning Event (ESLE) is introduced and both this and the “traditional” WPBAs now include the assessment of non-technical skills.

At the end of any training year the training faculty, (a selection of the consultant body where you have been working) contribute to the decision about whether you are ready to progress. The final decision about progress though remains at ARCP.

**HST**

During HST you will need to complete the whole curriculum. If you go into your e-portfolio and click on curriculum, you can “expand all” to see everything. The following presentations will need to have evidence you have covered them and be mapped by ST6 sign off. Although some of these are similar to core training, only work done in ST4-6 can be used to cover them

In total there are:

- **5 Higher Major Presentations (HMP)** (need formal - WPBAs mini CEX, CBD, ACAT, ESLE)
- **36 Higher Acute presentations (HAP)** - 18 each year in ST4 and 5
- **6 Paediatric acute presentations (PAP)** - 3 each year in ST4 and 5. Complex major or acute presentations

Here is the RCEM definitive summary:

http://www.rcem.ac.uk/docs/Training/Summary%20of%20WPBA%20for%202015%20Curriculum%20for%20Heads%20of%20Schools_V2%20-%20for%20website.pdf

There are also the 25 common competencies to achieve.
ST4 and ST5

In each year you are expected to complete:

- **ESLE x3** – first in the first 3/12 by own ES (the **supervising consultant** should be on SPA and you on your normal shift)

- **18 HAPs** – these do not **have** to be by traditional WPBAs, but you can still choose to use them. The following are acceptable but you need to link them to the curriculum. Your ES, when they sign off your curriculum mapping, has to agree your evidence is sufficient. Acceptable evidence is: ESLE, mini CEX, CBD, RCEM learning modules/FOAMEd/reflection with clear learning outcomes/audit/teaching assessments. Appendix 2 contains the relevant forms which you will need to scan and upload to your e-portfolio.

- **The 3 complex major or acute paediatric presentations each year** – **MUST** be mini CEX or CBD, one in the first 3/12

- **Procedures** – **continue a log of what you have done**

  PP30-34 (anaesthetic competencies) are allowable from ST2.

  Some procedures are rare in ED, (eg paed pacing, cric, trachy change and drainage of auricular haematoma) so you may cover these with relevant LS courses/skills lab teaching or specialty teaching sessions. The key thing is you know how to do them all. Remember PD days can be used to seek specific experience. Link the relevant evidence in your e-portfolio.

- **Do your ultrasound training in ST4, continue your triggered assessments in ST5** – with level 1 sign off by the end of ST6 [http://www.rcem.ac.uk/Training-Exams/Training/Ultrasound%20Training](http://www.rcem.ac.uk/Training-Exams/Training/Ultrasound%20Training)

- **Work towards Level 4 for the Common Competencies**

- If you didn’t sit the Critical Appraisal part of FRCEM in ST3, that should be a priority for ST4.

**ST6**

- **Focus on FRCEM.**

- **ESLE x2 with a focus on running the shop floor** (RCEM says you should be supernumerary and your supervising consultant on shift and running the shop floor for these. We find that’s not always possible)

- **Complete Common Competencies to Level 4**

- **The whole curriculum should be mapped by final ARCP**

**All Years**

Remember, you will also need to do an MSF each year, keep your life support courses up to date and do your GCP training. You should be an instructor in at least one life support course by the end of ST6
E-PORTFOLIO

This will remain your record of training, and should be reviewed at every educational meeting with your supervisor. It will also be reviewed by the ARCP panel on the day of ARCP. All your documentation should be uploaded onto it.

The usual problems we encounter at ARCP are documents not placed on it at all, or put under headings we wouldn’t expect. Please read through the following advice to ensure that your e-portfolio is user friendly.

**Personal Library**
This is found under “Profile”

**Please make a separate clearly-labelled folder for each training year.**
We would like you to place the following in your personal library in a clearly labelled folder:

- USS progress: e-learning, sign off and log book
- QIP
- Your anonymised logbook
- Reflective entries (or in the specific area on your portfolio)
- And any other of: audits done, talks you have given, e-learning modules completed (a summary sheet signed by the ES is enough), compliments and any complaints or SUIs.

Achievements from other years may stay in your library but ensure they are under a different heading eg “ACCS”. The purpose of these ARCPs is to check you have achieved competences etc whilst in the HST programme.

**Personal Development plan**
This is found under “Reflection” and we would highly recommend you have a plan if only to state things achieved and those you need to achieve eg exams, courses.

This section **must be filled in** where there has been evidence of concern about any aspect of your performance, attitude or behaviour. This may be from your structured training report under “weaknesses” or raised in your MSF or as result of you not completing curriculum requirements. Such events should prompt a formal reflection.

You should **record a strategy for addressing the concern** eg for poor handwriting it may be that you will now only write using capital letters/ use a fountain pen and that there will be a formal review of your notes to determine whether there is an improvement.

**Curriculum**
See previous section.

All your educational activity must be linked by you to the HST curriculum (see section). At each educational meeting with your Supervisor you should ask them to verify this coverage (mapping). The whole HST curriculum must be covered by the end of ST6. We will check this at each ARCP – don’t leave it all until ST6

**Absences**
All episodes of leave other than SL or AL **must** be documented in this section. Sickness absence is not counted in individual shifts but the chronological time missed. The GMC requires all absences of more than 2 weeks (cumulative) to be reviewed, to consider the need for additional training time.
Reflection
Evidence of reflective practice is a GMC requirement throughout your career. It’s a way of thinking analytically about events, learning from them and helping to change your clinical and professional behaviour. It is more than a simple account of what happened and is an exploration of how you reacted to and learned from what happened. We will look for reflective practice every year on cases or events you learned from. Remember, neither patients nor colleagues should be identifiable.
You must reflect

- After any complaint or SUI (also required for revalidation).
- On issues identified within your multisource feedback or in your structured training report
  Educational supervisor’s report

You do not have to use the reflective template on e-portfolio and an uploaded document of your own is quite acceptable, but do make a folder in your personal library so we can find your reflections at ARCP.

Logbook
You should keep a logbook of patients seen. You will be expected to see approximately 2000 patients per year, with at least 10% resus cases

The logbook seems to cause some ARCP problems!

So to be absolutely clear: We prefer a single document, ideally an excel spreadsheet, uploaded to your library. It should have separate pages (books) for each area – the area names may vary between departments: resus/majors/minors/paeds/CDU/senior reviews. It should have a summary table at the end. It MUST be anonymised. That means no names, addresses, DOB and no hospital or episode numbers. Date of attendance is OK, but not if accompanied by exact time of attendance. Also, don’t simply “hide” columns like DOB, the column must be deleted.

There is a useful template on the Deanery website (ACCS section)

Quarterly Meetings
Look carefully at e-portfolio. You are now required to do quarterly ES meetings with forms completed in your e-portfolio.

Faculty Statement
Your “faculty statement” should be completed in e-portfolio before your ARCP. Your ES has to generate this and it represents the views of the educational faculty in your department (a representative group of your consultants), so do remind them well in advance of ARCP.

MSF
Needed annually. A minimum of 12 returned forms is required, from a good spread of the multidisciplinary team, with a minimum of 3 consultants. This means you need to send it out to at least 25 people! When you have sufficient responses your ES generates a summary for you to see. This should be done in person with your ES and you should discuss it together. You should then put a formal reflection in your portfolio.

April 2017
FRCEM EXAMINATION

The fellowship exam is changing and you should read the “new examination structure” document, which is a link from the following webpage, to make sure you fully understand the changes and how they might apply to you: http://www.rcem.ac.uk/Training-Exams/Exams

The final FRCEM exam looks like this:

<table>
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<tr>
<th>Until August 2018</th>
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<tr>
<td>Critical Appraisal</td>
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<td>Clinical SAQ</td>
<td>Clinical SAQ</td>
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<td>OSCE</td>
<td>OSCE</td>
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<tr>
<td>Clinical Topic Review (or a QIP to fulfil this requirement, which includes a viva)</td>
<td>Quality Improvement Project (assessment of written work only, no viva)</td>
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<tr>
<td>Management Viva</td>
<td>(NB the Management Portfolio will be assessed as a WPBA with completion reviewed at ARCP)</td>
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The 5 components of the exam can all be taken separately from August 2016.

You can sit any component in any year from ST4 onwards, except the SAQ and OSCE, which have to be sat in ST6 and the critical appraisal paper which can be any time after success in MRCEM (or in the future, intermediate FRCEM).

So the minimum training requirement (24 months at ST4/ST5) remains for the clinical components only – the Clinical SAQ and the OSCE. Everything else is “uncoupled” so you can avoid doing everything in ST6.

If you choose to sit your QIP (or CTR) earlier than ST6 and would like to do the management viva at the same sitting the College will arrange for them to be morning and afternoon of the same day.

All sections must be passed to be awarded the Fellowship of the Royal College by examination. The standard is based upon that expected of a newly appointed Consultant in Emergency Medicine

Eligibility

See the RCEM website for latest eligibility details and examination regulations. Download the regulations well before the exam as they provide a wealth of information, advice and help

There used to be an “intention to sit” form, but now application is online. There is a timetable on the website with a strict 3 week window for applications for each sitting. Use the website and don’t miss the deadline, it’s non-negotiable.

Critical Appraisal: You need signed confirmation from your ES or TPD that you have completed a critical appraisal course or attended local relevant training days before you sit this
Final FRCEM Critical Appraisal

The written paper will consist of a series of questions exploring the candidate’s ability to critique and appraise a paper. The candidate is presented with a recently published paper (without the abstract) and a series of short answer questions. These will normally require a short summary to be constructed as well as questions on the methodology, results, conclusions, and questions relating to the practical application of the findings of the paper.

From August 2016, candidates will be permitted a maximum of four attempts for the FRCEM Critical Appraisal. Attempts prior to August 2016 will not count towards the number of available attempts.

1. Final FRCEM Management Viva/Management Portfolio

The management viva will remain part of FRCEM until August 2018. It will then be replaced by a written portfolio as described below. So you should prepare yourself based on your expected exam date. Please note the College has announced that you can sit the management viva “early” (ie in ST4 or 5) until it is abolished. This is especially to help those whose exam will fall close to the changeover time.

Here is the RCEM guidance: [https://www.rcem.ac.uk/docs/Training/1.4.6%20Guidance%20-%20Management%20Portfolio.pdf](https://www.rcem.ac.uk/docs/Training/1.4.6%20Guidance%20-%20Management%20Portfolio.pdf)

You might want to use the management portfolio paperwork, even if you are doing FRCEM before August 2018 to help with revision and preparation for the viva.

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<th>Viva:</th>
<th>Written Portfolio – you must this if you are ST4 from August 2016</th>
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<tr>
<td>In-tray exercise + Long case</td>
<td>Trainees can start their management portfolio from ST3 (and will have to be portfolio-based for the new exam if ST3 from Aug 2015 on). A minimum of 4 projects need to be completed, at least one each year. There are two compulsory projects – a complaint and a SUI investigation. There is a draft proforma on the College website which will become available e-portfolio. Each project will take a number of weeks and will need to be supervised by a trainer. Once completed the write up will need to be completed with a large reflective component. After the write-up your supervisor will need to complete a WPBA with you on it. We would suggest that the SUI used are greens and yellows to allow you to investigate them appropriately. Other subjects are discussed in the management portfolio on the RCEM website.</td>
</tr>
</tbody>
</table>

Viva:

In-tray exercise + Long case

You are given a number of documents, simulating a consultant’s “in-tray” of management scenarios. There is 5 minutes reading time prior to the viva where there will be discussion of the items, their priority and actions needed.

You are then handed a single document describing a clinically related topic for discussion. This will enable in depth exploration of the issues it raises. This may cover a variety of clinical and administrative topics identified in the curriculum as relevant to the specialty.
2. Final FRCEM Clinical Short Answer Question (SAQ) Paper

With effect from August 2016, candidates will no longer be required to pass the FRCEM OSCE and FRCEM SAQ in the same sitting. **The format of the SAQ paper is being updated to consist of 60, 3 mark questions in 3 hours.** The subject matter and level of the examination remains unchanged.

The paper uses clinical scenarios accompanied by a range of data including: diagnostic imaging (XR and CT), ECGs, pathology results, clinical photographs, pathology test results and other clinical data relevant to patients in the emergency setting. Candidates may be required to make a diagnosis, interpret data and indicate appropriate investigations and management.

3. Final FRCEM Objective Structured Clinical Examination (OSCE)

The method of assessment for the Final FRCEM OSCE is unchanged

There are 12 stations each lasting 8 minutes and 2 resus stations lasting 17 minutes. The scenarios will include real patients, actors, manikins and nurses. A full range of clinical skills will be assessed.

From August 2016, candidates will be permitted a maximum of four attempts for this. Attempts prior to August 2016 will not count towards the number of available attempts. Candidates will be required to pass the FRCEM SAQ within seven calendar years of the date they pass the FRCEM OSCE. Candidates who do not successfully complete the FRCEM SAQ within seven calendar years will be required to resit the FRCEM OSCE, subject to at least one attempt remaining (from the original four permitted attempts).

4. Final FRCEM Quality Improvement Project (QIP)

This is compulsory from August 2018 in place of the Clinical Topic Review, but in Wessex we recommend a QIP for everyone from now on (although you can still choose a CTR until that date if you prefer).

**There are no absolute rules about when you must do your QIP, but since the RCEM has made it possible to spread the burden of exams over the whole of higher specialist training we encourage you to take advantage of that by doing your QIP in ST4 – get started in the first 3 months.**

As with CTRs the choice of topic is key to a good project. Many of you will already have ideas of Quality Improvement Work often growing from practice within your own department. Sources of ideas would be your Supervisors, your department’s recent yellow or green SUIs and M&M meetings. You must read the RCEM website for advice about what is acceptable as a QIP but you should anticipate that a good QIP will take a minimum of 6-12 months to complete. (Length up to 6000 words). The College has produced a guide – which is essential reading: [http://www.rcem.ac.uk/RCEM/Quality_Policy/Quality_Improvement_Clinical_Audit/QI_Resources/RCEM/Quality-Policy/Quality_Improvement_Clinical_Audit/QI_Resources.aspx?hkey=e014f99c-14a8-4010-8bd2-a6abd2a7b626](http://www.rcem.ac.uk/RCEM/Quality_Policy/Quality_Improvement_Clinical_Audit/QI_Resources/RCEM/Quality-Policy/Quality_Improvement_Clinical_Audit/QI_Resources.aspx?hkey=e014f99c-14a8-4010-8bd2-a6abd2a7b626)

Since this is a new element to the exam, we are providing training in QIP methodology. We have a QIP lead in each department and there are regular QIP “clinics” at WREMTA. The regional lead is Dr Sarah Morrish at Southampton: [sarah.morrish@uhs.nhs.uk](mailto:sarah.morrish@uhs.nhs.uk). There is also a really helpful website set up by one of our trainees: [http://www.healtheducationwessexprojects.org.uk/](http://www.healtheducationwessexprojects.org.uk/)
At the moment, QIPs will be centrally assessed by the College. From August 2018 candidates will no longer be required to attend for a viva.

**Preparing to submit your QIP:**

Your QIP write up must be proof read by your Educational Supervisor and/or local QIP lead.

Jo Hartley as Head of School Head of School has made it a regional requirement that trainees must also get a senior examiner to look at their QIP before submission.

Julia Harris (julia.harris@uhs.nhs.uk), Simon Hunter (simon.hunter@porthosp.nhs.uk) and Jo Hartley are all prepared to review your QIP and offer additional feedback. Please only consult one senior reviewer.

Please give both supervisors and senior reviewers plenty of time to read your QIP. It can often take four to six hours to read, check literature/ data and make comments. It may take longer given the change in structure. Reviewing is often done in trainers own time. Do not expect them to be able to do it days before a deadline. A realistic time to get your QIP to a senior reviewer is at least seven weeks before submission, particularly given the numbers sitting the exam. Earlier submissions are welcomed, and also allows more time for you to make revisions.

Jo will need your QIP a minimum of 3 and ideally 7 weeks before submission for useful feedback. However if it has been read by another senior examiner already she is happy just to have it sent to her once complete, letting her know who the senior reviewer was. She does expect to read them all in order to support, benchmark and also look at areas for future development and training for trainees and educational supervisors.

You are advised to adhere closely to the RCEM QIP marking scheme for section headings and content. Use the most current examination guidance for details regarding font, spacing, referencing etc.

**You must formally demonstrate QIP progress at your ARCP.**

See ARCP guide.
TIME OUT OF PROGRAMME (OOP)

We encourage OOP applications. Look on the website for detailed information:


There are various possibilities:

- OOPT – time from the programme in a recognised training post which will contribute to CCT
- OOPE – time from programme where clinical experience is gained but does not contribute to CCT
- OOPR – time from programme doing research
- OOPC – relates to trainees who for personal reasons which to take a career break

Remember to apply in plenty of time and at least 6 months ahead. Although welcome, your application is not guaranteed to be successful, we have to consider your needs, the impact on the training of others on the rotation, safety of patients and service delivery.

WESSEX DEANERY RETURN TO TRAINING SCHEME

If you have had a period of absence for any reason, we want you to make a safe and confident return to work. Wessex has a ‘Return to Training Scheme’ which is compulsory for all absences of 3 months or more but can be used for shorter absence periods too. The details and paperwork you need are on the Deanery website:

http://www.wessexdeanery.nhs.uk/guidance_recources/time_out_of_training.aspx and

The schemes goals are to:

- Allow trainees the opportunity to regain confidence and previously acquired skills
- Supervise a return period which is fully structured, assessed and agreed by the Educational Supervisor and Programme Director

Scheme Overview

3 meetings planned with Educational Supervisor:

- Pre-Absence meeting – if absence planned
- Initial Review – 6-8 weeks prior to return, discuss issues, plan
- Return Review – meet to agree that trainee can be signed off, or needs further time

For health or capability issues this may be done in conjunction with Occupational Health or HR

Return period should be under direct supervision (including any on-calls). Workplace based assessments should be undertaken with feedback from ES. Length of supervised return period varies due to individual needs of trainee (but as a guide, approx 1/12 might be suitable after 1y maternity leave). After successful completion you can return to the rota fully.

The TPD needs to oversee the process and be copied into the paperwork trail.
KEEPING IN TOUCH DAYS

These are separate to the return to training scheme and are specifically part of maternity/adoption leave.

Other than in the first two weeks after the baby’s birth you can do up to 10 ‘Keeping in Touch’ (KiT) days. Your maternity pay is not affected by working a KiT days and they count as maternity leave (they do not extend your mat leave).

KiT days for trainees would usually be clinical work but can include attending a training day or staff meeting. Anything you do on any day will count as though you had worked a full day.

Discuss and plan them with your ES.

If you and your partner opted for the Shared Parental Leave system, there is the option to take 'Shared Parental Leave Keeping in Touch' (SPLIT) days.

https://www.gov.uk/employee-rights-when-on-leave

April 2017
PERIOD OF GRACE AFTER CCT

Although trainees are able to apply for consultant posts up to six months before their anticipated CCT/CESR(CP) date, not all are either able to do this or are successful in their applications. A Period of Grace enables doctors who have completed training and not yet obtained a consultant post to continue in the Specialty Registrar grade contract for a time limited period whilst they find employment, usually 6 months.

Trainees should give as much notice as possible of their intent to take up a period of grace by informing the Programme Manager before their CCT date. Use 3 months as your guide if possible.

It is not possible to guarantee the availability of a post for a trainee to complete a Period of Grace. All posts will be offered subject to availability within the training programme.
TOP TRAINING TIPS

• Get organised early in the year

• Download the ARCP checklist at the beginning of your training year to see what you need to achieve that year

• Although there are fewer mandatory WPBAs now, you still have to cover 5 HMPs plus 18HAPs and 3 PAPs each year, as well as deciding how you are going to do that.

• Maintain an anonymised logbook

• Complete a Level 1 US course in the first 6 months of ST4

• Get QIP training and start your project early in ST4.

• Sit the critical appraisal paper as soon as you can in ST4 if not completed before

• Book a regular e-portfolio session in your diary to upload and link work you have done

• Aim to map your curriculum with your ES at regular intervals to avoid a huge amount of work pre ARCP

• Keep your Life Support Courses up to date, and aim to instruct in at least one

• Use the RCEM and Deanery websites to find the facts you need

• Get help early if things go wrong

• Read the rest of this document at least once including the ARCP guide!!!
ARCP Guide ST4-6
Emergency Medicine

2017

Dr Jude Reay
Training Programme Director HST4+

Wessex School of Emergency Medicine
ARCP Guide ST4-6 EM

What is the ARCP?

The ARCP is the Annual Review of Competence Progression and is designed to check you have the evidence to prove you are competent to progress to the next year of training (or completed it entirely for those at the end of their training). It usually takes place in July. It is the same process you underwent during your ACCS training.

It is a formal event. **You should dress smartly or wear scrubs.**

The ARCP Panel

The panel is comprised of a lay person, local EM Consultants, the Speciality Programme Manager from the Deanery and the Chair who is usually the Training Programme Director (TPD) for the Higher Specialty training programme. There may also be a Consultant from another Deanery as an external RCEM representative.

On the day, but before you arrive, the panel reviews your e-portfolio and Form R to check you have completed all the stipulated requirements. They decide the outcome you will receive based on that evidence alone. For that reason it is important to ensure that you have submitted all the correct documentation and everything needed is in your e-portfolio.

The ARCP Meeting

The panel will introduce themselves and explain the outcome they are giving you. They may ask for clarification on areas they think evidence is missing and there may be some discussion on aspects of your portfolio or your year of training.

The different outcomes are explained below. If you don’t get an outcome 1 (satisfactory progress) or 6 (end of training), the details of what you need to do will be explained.

Finally you will be asked whether you have any questions/comments for the panel. The ARCP will then be over.

Your ARCP outcome will be recorded in your e-portfolio with the details of any required actions. (In Forms/Educational Supervision/ Meetings – ARCP)

Immediately after your ARCP, outside the room you will be asked to complete an electronic survey of feedback on your year before you leave (currently July ARCPs only)
ARCP Outcomes

Recommended Outcomes from Review Panel

**Satisfactory Progress**

1. Achieving progress and competences at the expected rate

**Unsatisfactory or insufficient evidence**

2. Development of specific competences required – additional training time not required
3. Inadequate progress by the trainee – additional training time required
4. Released from training programme with or without specified competences
5. Incomplete evidence presented – additional training time may be required

**Recommendation for completion of training**

6. Gained all required competences

**Outcomes for trainees out of programme or not in run-through training**

7.1 Satisfactory progress in or completion of the LAT / FTSTA placement.
7.2 Development of Specific Competences Required – additional training time not required LAT / FTSTA placement
7.3 Inadequate progress by the trainee – additional training time required LAT / FTSTA placement
7.4 Incomplete Evidence Presented - LAT / FTSTA placement.

8. Out of programme; **OOPE** (Experience); ☐ **OOPR** (Research); ☐ **OOPC** (Career Break) - ☐

Note: OOPT must have an annual review and would therefore be reviewed under Outcomes 1-5; not Outcome 8

9. Top-up training

**Outcome 5** is often given for trainees who need to complete/ provide a small amount of missing information eg a WPBA. The deadline for this is usually 10 working days.

**Outcome 2** is given if there are substantial missing requirements or there is a concern raised about the trainee which can be addressed in a short time frame. We usually review progress at 3-6 months but you will remain on an Outcome 2 for the year.

**Outcome 3** is given for:
- Exam failure (usually at the end of the 3 year programme)
- Inability to achieve the required competences in the expected time period
- Concerns raised about a trainee that is likely to require a longer period of training time

April 2017
An ARCP without you being there

We expect all trainees to attend their ARCP in person.

There should only be exceptional reasons for you not to come, however we understand sometimes it may not be possible. Provided you have completed all that is required and your Educational Supervisor has no concerns (as written on the structured training report) then we can review your e-portfolio and give you an outcome without you being there.

YOU MUST INFORM THE DEANERY YOURSELF IF YOU ARE UNABLE TO ATTEND THE DATES GIVEN ASAP

If however there are concerns or your requirements appear incomplete, you will not be given a satisfactory outcome. We will then either ask you to meet another panel on a different date, or ask you to produce the missing evidence within a certain time frame. You will be given the reasons for this decision and the form will be uploaded to your e-portfolio.

ARCP and Less than Full Time Training

You will have had an ARCP at the “gateway” between ST3 and ST4 training years, whenever that falls, but you will not necessarily have an ARCP at the time you move from ST4-5 or ST5-6.

Less than full time trainees still attend ARCP annually (calendar year) as other trainees.

So, your ARCP may be when you are part way through a training year and the panel will expect you to have demonstrated completion of a proportionate amount of the curriculum ie if you are 2/3 of the way through your training year when the ARCP falls, you will be expected to have completed 2/3 of the curriculum requirements for that year.

For each ARCP you will need a Structured Training Report and an ARCP checklist appropriately completed for the training years covered since your last ARCP. If you should happen to move department between ARCPs you will need these same documents for both jobs (so complete them with your ES before you move on).

If you have periods of parental leave or other absence between ARCPs your dates will be adjusted. It can feel complicated so please keep communicating with us if things change or you are unsure. We never want to make this difficult but we have to meet the regulations.

Contact the Deanery/TPD for advice well in advance if you are unsure.

April 2017
Providing the Right Paperwork for ARCP

If you complete an ARCP checklist and your Educational Supervisor completes a Structured Training Report, your paperwork should be complete because these 2 forms prompt all requirements.

1. ARCP Checklists

These are on the RCEM website and also about to be put on e-portfolio

http://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Assessment_Schedule/RCEM/Exams_Training/UK_Trainees/Assessment_Schedule.aspx?hkey=67d9cac9-8e51-4c86-b559-a1fa5c826530

There is a specific checklist for each year of HST. Print out the relevant one, fill it out and go through it with your ES. It is comprehensive and means you won’t forget anything. Upload it to your library when signed by your ES (physical signature needed, not electronic).

2. Structured Training Report (STR)/Educational Supervisor’s Report

This is now on e-portfolio (those of you who are used to filling in a paper form, this is no longer necessary). The e-portfolio STR MUST be accompanied by the ARCP checklist for your training year as above. You and your educational supervisor should allow sufficient time to complete them. These 2 forms are key to ARCP.

You and your ES should ask us (Programme manager, TPD or HoS) early if you are unsure about anything.

We do not go through your evidence in advance of the ARCP day, so we won’t be informing you if anything is missing. It’s your responsibility to ensure completeness.

Every ARCP will need these 2 documents completed

Even if you are LTFT and your ARCP falls when you are part way through a training year

If you are about to go out of programme and are not at the end of a training year, do sit down with your ES and complete these documents as a record of how far you have got (much harder to do in retrospect when you return)
Some reminders:

- The panel will look at your reflective practice, we don't mind if it is in your personal library rather than the reflective practice part of e-portfolio
- The panel DOES NOT release MSF results to a trainee. Feedback on your MSF is done in advance of the ARCP by your ES. Reflective practice is useful (mandatory if areas of concern)
- Your logbook must be presented as described in the training document and MUST BE ANONYMISED
- The panel exercise judgement on precise numbers seen (the expectation is approximately 2000 patients per year, with at least 10% resus cases and an appropriate spread between the various areas)
- Curriculum mapping and sign off by your ES must be completed (see below)
- You need to explicitly demonstrate QIP progress
- Anyone who is doing a management portfolio (ie sitting FRCEM later than Spring 2018) must show evidence of at least one management project each training year.

Demonstrating your QIP progress for ARCP:

You will see that the College ST4 ARCP checklist expects “progress towards QIP” and for ST5, a more advanced stage of completion.

For each ARCP

1. Your ES should write a brief comment about progress on your checklist
2. You should upload evidence to your personal library. This should be:
   - a draft or
   - summary document of progress to date (detailed Gantt chart acceptable) and
   - planned submission date

If project started and abandoned, your written summary should include all of the following:

- project chosen, work done, changes you tried to make, why you decided the project could not run
- evidence you have fully d/w ES and department QIP lead
- evidence attended a QIP clinic
- clear plan with time deadlines for new start

This is important because unless you understand why you were unable to progress you are unlikely to choose a successful project next time.
HOW TO MAP THE CURRICULUM

You need to link evidence (WPBAs, e-learning, MSF etc) to the HST curriculum and **your ES needs to verify** it is sufficient. It is a GMC requirement to show evidence of curriculum coverage and all evidence for HST must have been gathered during HST only.

Each Common Competency needs the ES scoring in e-portfolio to show it has been completed (even if WPBAs linked to the competency are already signed by another consultant)

The HMP, HAP and PAP all need to have the evidence for their completion reviewed by the ES. Any WPBA completed by a consultant count as mapped. Any completed by other means eg e-learning, teaching delivered, need the ES verification in e-portfolio to confirm they are adequately covered

Your ES can only verify or “sign off” **if they enter under their own log-in**.

Sit down with your ES:

1. Access the curriculum by the tab on the menu on the left of your personal home page.  
   “HST (RCEM: HST Curriculum2010 Reformatted / 2015)” should be selected.

2. This brings up a list headed “Competencies”. There are 5 blue folders underneath – Common Competencies, HST Clinical Curriculum, HST Paediatric Medicine, Procedural Competencies and Core Training Revisited. I recommend you open each one separately, but you can “expand all” Either way, be patient, you must wait for everything to fully open. It takes a while for all content to drop down and you will miss things if you don’t.

3. **Common Competencies** (25 of them) each should be scored (Level 1-4) by your ES before each ARCP. The score is not a guess, but based on a clear descriptor for each which is in the main curriculum p21 onwards– level 3-4 is usual for HSTs and you will need to achieve level 4 in at least 23/25 by the end of ST6. Your ES clicks on the blue pen icon, chooses a level and can add a comment

4. **HST clinical curriculum** - all the major and acute presentations (HMPs and HAPs) must be mapped by the end of ST6. Your ES needs to click on the blue pen icon to say whether each item is “not achieved”, “some experience” or “achieved” they can also write a comment

5. **HST paediatric medicine** - all the acute and major paed presentations (PAPs and PMPs) must be mapped by the end of ST6.

6. **Practical Procedures** - again each should be signed off by your ES

7. **Core Presentations Revisited** CAPs were completed in ACCS and do not need to be signed off again. It is considered good practice though to link evidence of continuing competency as you go through ST4-6

Hopefully this is clear, but it can feel complicated, especially at first. If you or your trainer have questions please contact me (TPD)
REVALIDATION

Every doctor who is fully registered with a licence to practise needs to participate in revalidation. This includes doctors who are in training. Doctors have to provide supporting information to demonstrate to the GMC and the public that they are up to date, fit to practice, and comply with the relevant professional standards. As a doctor in training, you are generating this information as part of your e-portfolio through your curriculum and training programme.

The revalidation cycle is 5-yearly and begins at full registration with the GMC (for UK trainees, start of F2) with revalidation at 5 years and again at CCT.

Trainees provide evidence for their revalidation as part of the ARCP and need to complete an “Enhanced Form R”

The Responsible Officer (RO) is Dr Peter Hockey, the Postgraduate Dean.

What additional information is needed?

From the trainee

- Enhanced Form R completed via Intrepid, prior to ARCP
  - Scope of work – including any locum shifts you do in your own Trust
  - Significant events
  - Complaints
  - Compliments
  - Probity
  - Investigations
  - Health

- Reflection on Extra work outside Training (e.g. (locums in other Trusts or festival/event work)

Your employer informs the Deanery of

- Information on any clinical governance issues relating to a trainee
- Specifically on trainees involvement in:
  - Conduct and capacity investigations
  - Serious incidents requiring investigation (SIRIs)
  - Complaints

Full revalidation information for trainees is on the GMC website:
http://www.gmc-uk.org/doctors/revalidation/12383.asp

At ARCP

Panel will review this extra information along with rest of portfolio and structured training report.
PREPARING FOR ST6 SIGN OFF

Your final ARCP will review everything that you have completed over the three years. For this ARCP you will need to ensure that you have evidence on your e-portfolio for:

- Completed Common Competencies to level 4 (Wessex accept research may not be) and signed off by ES
- Mapped the whole curriculum, signed off by ES
- Up to date MSF and CV
- Up to date in ALL life support courses and an Instructor in at least one
- Level 3 Safeguarding
- GCP training
- Uploaded your logbook
- FRCEM
- Level 1 US signed off
- Submitted revalidation forms to Deanery
- Evidence of reflection especially on any complaints or SUIs

Paper Portfolio

You may wish to maintain a paper portfolio, but are not required to do so.

We strongly suggest you maintain an up to date CV