Emergency Medicine Training in Wessex and Preparing for your ARCP

August 2014-5

(Dr Jo Hartley Training Programme Director)
Dear All,

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 FCEM in the UK.
- Our commitment to training is demonstrated by the number of examiners in region (every dept)
- We run:
  - An annual mock FCEM exam, attended by all HST. In the last few years this has also been open to EM CT1-3 for MCEM C OSCE practise.
  - Annual critical appraisal training day
  - Annual MSK training course (Aimed at ST3/4 trainees)
- Our regional trainee association, WREMTA, organise 15 training days per year which are consultant led but trainee run. The programme runs over two years with a good mix of clinical, management and exam related training.
- We protect training. Wessex EM trainees have a commitment from the school to ensure that the rotas, work-life balance and training opportunities are not adversely affected by service provision. This is vital in the current EM climate.
  - We clearly define maximum rota intensity
  - We recommend an average of one training per week
  - An ‘R’ Day allocated to each trainee per month for non-clinical training – CTR, audit etc
- We support trainees who wish for to apply for subspecialty accreditation (ICM & PEM are both in region) and Health Education Wessex offers fellowships in simulation, service improvement, quality and education. EM trainees have a good record in gaining these opportunities.

EXISTING TRAINEES

This training guidance will be updated periodically to support you through your training, and ensure that you have up to date information regarding the curriculum and the ARCP process.

Recent changes:

- All trainees will need a patient survey before completing ST6 (those in ST6 will need to start soon!)
- The curriculum must be completely mapped for ST6 sign off
- Remember the three new DOPS on pacing, ENT and Dental
- This document has new sections on ST6 sign off, the ARCP checklist and Top Training Tips.
- To improve parity across the region, the School has recommended that Trusts allocate a minimum of one R day per month to trainees.

I wish you all the best for your training and don’t hesitate to contact me if you have any questions or concerns,

With Kind Regards
Dr Jo Hartley TPD
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Training in EM in Wessex

Training in Wessex is overseen by the Wessex Deanery in Otterbourne. [www.wessexdeanery.nhs.uk](http://www.wessexdeanery.nhs.uk). The people involved in your training are:

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**College Tutor Portsmouth**
Dr Isy Bradbury

**College Tutor Poole**
Dr Lee Grey

**College Tutor Basingstoke**
Dr Louisa Chan

**College Tutor Salisbury**
Dr Jackie Lynch

If you have any training administration concerns then the first port of call is the Deanery.

If you have training or personal concerns you should 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.

From time to time doctors run into difficulties during their training including for example: exam failures, problems progressing towards the required standard for their level of training, or health issues.

The Wessex Deanery is able to provide **Professional Support** for those trainees who continue to struggle despite local support. This usually involves the allocation of a case manager with access, as required, to expertise in helping them to get back on track. This support often has a beneficial effect on the situations they become involved with. Trainees, who engage with this support, when needed, demonstrate a professional commitment to their own practice.
Training Rotation

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 will be Southampton University Hospital as it is the Major Trauma Centre. Military trainees will also rotate through Queen Alexandra Hospital Portsmouth. Overall responsibility for training is through the Deanery.

If you have any particular requests re training post, please contact the TPD directly. Rotations will usually change over on the first Wednesday in September, unfortunately with significant gaps in rotations nationally, posts cannot be finalised before April of that year.

The Deanery Website www.wessexdeanery.nhs.uk has all the information required for people considering Out of Programme Experience (OOPE), less than full-time training. There are opportunities locally for OOPE in simulation, 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. 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 CEM. Please also ensure that both the Trust and the Deanery are aware of dates, for example for maternity leave in plenty of time. 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 spend approximately 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 for their time in that trust. You will meet with them soon after joining for an initial meeting and then at 3 month intervals. It is your responsibility to organise these meetings, and to ensure that they are documented on e-portfolio. They 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-CEX assessments, which are all formative. 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.

WREMTA

Wessex has a ‘Wessex Regional Emergency Trainees Association’ which meets 15 times a year for regional training days. The WREMTA chair is currently Fee Bowles and point of contact is the WREMTA mailing list on wremta@gmail.co.uk

All trainees are given protected time to attend the 15 annual regional training days, the exception being when they are on nights. There is an expected attendance rate of 70%.

The format of WREMTA is focused on your training needs. All the sessions are consultant lead, but trainee run. As part of your CEM training requirements 30 modules of e-learning are expected to be completed annually. Certain online modules will be highlighted as relevant to each WREMTA session. Parts of the session will be dedicated to completing the management curriculum. It provides exam support and practise. See WREMTA for up to date details.
Curriculum Requirements

Educational requirements for training for years ST4-6 are outlined on the College of Emergency Medicine Website. They include a mixture of clinical competencies; listed below and other training requirements like audit, life support courses etc. *The best place to find what you need to achieve each year is on that years Structured Training Report.*

You will be reviewed annually at an ARCP to check you training progress.

Relevant Documents are:

The Emergency Medicine Curriculum

Appendix 1 – covers the assessment system

Appendix 2 – includes generic assessment forms & in particular the structured training reports for each year of training. 


Clinical Competencies for HST 4-6 (check website for latest updates)

During ST4 - the trainee should undertake:

- Formative assessment *(Mini-CEX, CbD)* in 3 of the major presentations:
  - HMP1 - Anaphylaxis
  - HMP2 - Cardio-respiratory arrest
  - HMP3 - Major trauma
  - HMP4 - Shocked patient
  - HMP5 - Unconscious patient
- Formative assessment *(ACAT-EM, Mini-CEX or CbD)* in 9 acute presentations which must include:
  - HAP3 - Alcohol and substance abuse
  - HAP5 - Blackout
  - HAP11 - Environmental emergencies
  - HAP17 - Headache
  - HAP34 - Wound assessment
- additional assessments of a further 8 acute presentations by
  - e-learning
  - reflective diary entries
  - audit and teaching assessments
  - additional ACAT-EMs
- Summative assessment of the 3 paediatric major presentations not completed in CT3 *(mini-CEX or CbD)*
  - PMP1 - Anaphylaxis
  - PMP2 - Apnoea, stridor and airway obstruction
  - PMP3 - Cardiorespiratory arrest
  - PMP4 - Major trauma
  - PMP5 - Shocked child
  - PMP6 - Unconscious child
- Formative assessment *(Mini-CEX, CbD or ACAT-EM)* of 5 acute paediatric presentations
- Ultrasound - trainees should complete the theory training and log summary and commence the triggered assessments for
  - AAA
  - FAST
  - Vascular access
  - Echo in Life Support
During ST5 - the trainee will undertake:

- Formative assessment (Mini-CEX,CbD) in 2 of the major presentations:
  - HMP1 - Anaphylaxis
  - HMP2 - Cardio-respiratory arrest
  - HMP3 - Major trauma
  - HMP4 - Shocked patient
  - HMP5 - Unconscious patient

- Formative assessment (ACAT-EM,Mini-CEX,CbD) in 8 acute presentations which must include:
  - HAP21 - oncological emergencies
  - HAP27 - medical emergencies in pregnancy

- Additional assessments of a further 8 acute presentations by:
  - e-learning
  - reflective diary entries
  - audit and teaching assessments
  - additional ACAT-EMs

- Formative assessment (ACAT-EM,Mini-CEX,CbD) of 5 acute paediatric presentations

- Ultrasound - completion of triggered assessments and sign off to Level 1

Recently the CEM have added two further mandatory DOPS

- External Pacing
- ENT and Dental

During ST6 there are no assessments as the trainee should focus on the FCEM exam. However by the end of ST6 all the mandatory WPBAs, and all areas of the curriculum need to have been covered and mapped on e-portfolio.

Common competences

By ST6 the trainee should seek evidence of level 4 competence in all 25 common competences.

Teaching

During your work as a registrar you will be expected to teach, both formally and on the shop floor. You will be requested to do WPBAs on more junior trainees.

The College recommends that all trainers have had face to face training on how to do WPBAs. Whilst this isn’t a requirement for Foundation trainees, the ACCS curriculum is complex and ideally to understand the implications it is preferred. All their SUMMATIVE assessments must be done by consultants (or post FCEM registrars), but registrars can do formative assessments and DOPS with them.

Pragmatically this doesn’t mean you cannot do their WPBAs, but ideally get training as early as you can. This training will occur at one of the WREMTA sessions, but if you do need it please contact the TPD.
E- Portfolio

This will remain your record of training, and should be reviewed at every Educational Appraisal with your Educational Supervisor. It will also be reviewed by the ARCP panel prior to your attendance on the day of ARCP. All your documentation should be uploaded onto it. The usual problems we encounter are documents not placed on it at all, or documents 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 have a separate folder for each training year.

We would like you to place the following under this heading:

- Structured training report
- US progress: e-learning, sign off and log book
- CTR draft for ST4, completed for ST5 plus details of original work
- Your anonymised logbook
- And any other of: audits done, talks you have given, e-learning modules completed (a summary sheet signed by the ES is enough), reflective entries (or in the specific area), plaudits and complaint/sui etc.

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. The only things relevant that won’t necessarily be achieved in this programme are your Courses, Exams and qualifications.

Certificates and exams

PLEASE note that your Educational Supervisor needs to confirm you have completed any courses or exams.

To do this you need to enter the section “Profile” and then click “Certificates and exam”. The supervisor can then click “Confirm” on your course or exam once he/she has seen the evidence. This saves us having to review these at your ARCP.

Educational Logs

This can be found under “Reflection” and you can enter here your actual procedures

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 that you need to achieve eg exams, courses.

This section must be filled in where there has been evidence of deficiency or concern about any aspect of your performance, attitude or behaviour. This may arise in your structured training report under “weaknesses” or raised in your MSF or as result of you not completing the requirements.

It is essential that you record a strategy for addressing the concern or deficiency 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

All your educational activity must be mapped to the HST curriculum. (see section). At each appraisal with your Educational Supervisor you should ask them to verify this coverage. The whole HST curriculum must be covered by the end of ST6.

Absences

All episodes of leave other than SL or AL must be documented in this section. The GMC requires all absences of more than 2 weeks (cumulative) to be reviewed, for consideration for the need for additional training time.
How to map the Curriculum

Curriculum mapping requires trainees to link evidence (WPBAs, e-learning, MSF etc) to cover the HMP, HAP, PAP, relevant DOPS and the common competencies on their e-portfolio to the requirements on the HST curriculum. It is a GMC requirement to show evidence of curriculum coverage. All evidence must have been gathered during HST only.

Each competence will need a consultant signature to sign off that this has been completed. Linked WPBAs will already be signed off, but the common competencies and some HAP, PAP will need to have the evidence for their completion reviewed by the ES ie e-learning, teaching delivered etc.

ES can only sign off competencies if they enter under their own log in, and click on the blue writing of each competence or presentation. This brings up a box asking for a level (common competencies) or whether the acute presentation has been covered adequately. Once the ES fill in this detail it will show their name alongside as verification (or mapped).

1. The curriculum is accessed by a tab on the menu curriculum, and ‘HST curriculum 2010’ should be selected.
2. This brings up a heading list of competencies. Click ‘expand all’ on the top right hand-side.
3. This will expand all the common competencies, HMPS, HAPs, CAPs, PAPS and procedures. Each requirement is listed and any evidence that the trainee has to support that competency is listed, as long as they have linked it across.
4. Each of the common competencies (25) should be mapped before their ARCP (levels 1-4 – for guidance on assessing the level see the HST Curriculum, there is clear advice on assessing each level). Assign a level to the evidence. HST are expected to be level 3-4, and 4 for all by end ST6.
5. All Major presentations (HMPs) must be covered by a WPBA done in HST. Further Mandatory HAP will also need to have a WPBA done to sign them off. They are followed by an M. For example HAP3 (M) Alcohol and substance abuse.
6. All HMPs and HAPs must be completed by the end of ST6.
7. The next part of the curriculum is core presentations revisited. CAPs were done during ACCS and can be linked to during HST, but currently do not all need to be signed off as acceptance is that these were covered during core training.
8. Beyond this is Paediatric Higher training. Trainees must sign off evidence for all of these PAPs. The neonatal presentation is the only mandatory WPBA. However a total of 10 paediatric WPBAs will need to have been completed in HST of various presentations by end ST6.
9. Then follows paediatric core presentations, practical procedures and paediatric practical procedures. See point 7 you can link to these but they should all have been covered in core training. However there is a requirement that PACING and ENT and DENTAL DOPs are completed in HST.

I hope that this is clear. If you or your trainer is still unclear please contact me, however WREMTA sessions and School Board sessions are regularly delivered by me to support this.
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
- Completed all the HMPs, HAPs, PAPs and DOPs. All major presentations, mandatory WPBAs and essential DOPs must have a WPBA completed. All must be signed off by your ES on e-portfolio.
- Up to date MSF and CV
- Up to date in all life support courses and an instructor in at least one
- Level 3 Safeguarding
- Uploaded your logbook
- FCEM
- Level 1 US Sign off
- Submitted revalidation paperwork back to Deanery by post
- Evidence of reflection especially on any complaints or SUIs involved with
- Completed a patient survey with a minimum of 17 respondents

Paper Portfolio

Whilst not a requirement for ARCP, you are strongly encouraged to create a paper-based portfolio alongside your e-portfolio, as it will be a requirement for Consultant Interviews. If you have one then bring it to the ARCP so the panel can, if needed, confirm evidence. The panel can also review and offer suggestions for further development. It should only contain evidence of your practice during HST. It should be divided into sections that make reviewing it as easy as possible. Typical sections would be:

1) CV (ensure updated)
2) Qualifications
3) Courses
4) Publications/ Research
5) Current post highlighted
6) Exam progress
   a. Mock FCEM results
   b. Copy of CTR
7) Ultrasound sign off
8) Details from any additional training – OOPE/ secondments
9) Audit – only include those done in HST
10) Anonymised Logbook
FCEM

See the CEM 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 for the exam.

Eligibility

Trainees in their ST3 year or above may apply to take the Critical Appraisal paper. There is no requirement to submit an intention to sit form. The trainee must submit an appropriately completed ARCP form for their CT2, CT3 or ST4 year (as appropriate), including a signed confirmation from the ES or TPD that the trainee has completed a critical appraisal course or attended local relevant training days and must have passed the MCEM. Note advice has been changed recently on how many attempt trainees may have. Please to check the CEM website if planning to sit it early as it may change again, and affect your decision.

To sit FCEM you must have completed 2 years in programme, an intention to sit is required at least 9 months prior to sitting the exam with a non-refundable deposit. Only those who have done this will be allowed to apply for their sitting.

Format of the Examination

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

Section A – 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.

Section B – Clinical Topic Review (CTR)

The candidate will prepare a written dissertation of no more than 3,500 words on a given clinical topic. This dissertation will be submitted 2 months before the written papers. The written dissertation will be marked within one month of the submission. Failure to achieve 7 marks or more on review of the written will mean an automatic fail. Achievement of 21 marks of more on review of the written will mean an automatic pass. All other candidates will be invited to viva.

Section C - Management viva

Part I - In-tray exercise/ Part ii – long case

The candidate will be given a number of documents simulating a consultant’s “in-tray” of management scenarios. The candidate has 5 minutes to read the material prior to the viva. This is discussed, then the candidate is handed a single document describing a clinically related topic for discussion. This will enable exploration of a variety of clinical and administrative topics identified in the curriculum as relevant to the specialty

Section D - Clinical Short Answer Question (SAQ) Paper

A paper of 20 questions requiring short answers. The paper uses clinical scenarios accompanied by a range of data including: diagnostic imaging (X-ray and CT), ECGs, pathology results, clinical photographs, pathology test results and other clinical data relevant to patients in the emergency setting. Candidates are required to evaluate the clinical scenario, interpret the data and suggest appropriate diagnosis and management.

Section E -Objective Structured Clinical Examination (OSCE)

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

Section A and Section D (the written papers) are held approximately 6 weeks before the vivas and OSCE. All parts of the examination must be passed independently in order to achieve the Fellowship by examination status. There will be no compensation between any sections of the examination. Candidates will have to pass both the OSCE and clinical SAQ paper at the same sitting in order to pass that part (clinical) of the examination.
Clinical Topic Review

The Wessex Deanery website clearly states the expected level of progress you need to make for each year as expected by the CEM. One of the key skills the CTR represents is project management, and to that end there are timelines during your HST to help you ensure that the CTR is not left to the last minute. It is worth reflecting that those FCEM candidates who have mostly completed their CTR by the end of ST4 do best overall in FCEM.

The steps that need to be taken whilst you are on the HST programme are:

*By the end of ST4*

**A draft CTR**

This should include:

- Chosen topic, formed into the 3 part question
- A literature review
- Outline of your introduction, results and discussion
- Evidence of your “own work” towards the CTR

The draft CTR must be seen and reviewed by your Educational Supervisor and will be reviewed at your ARCP. If this has not been done or felt to be unsatisfactory you will be given an ARCP Outcome 2, to allow further time for satisfactory completion.

*By the end of ST5*

**Completed CTR**

This needs to have been proof read by your educational supervisor and to be in the format that you can submit it for FCEM. Many candidates seek opinions of other consultants on their CTR, whilst this is a good idea; please do not seek assistance from more than 2 or 3 consultants. Several consultants in region are very good at offering CTR support.

Please give your educational supervisor time in which to read the CTR. It can often take 4-6 hours to read a CTR, check literature reviews etc, and make comments. Do not expect them to be able to do it the night before an ARCP or the closing date for the FCEM!

All submissions need to be read and approved by the Head of School prior to submission. Poor CTRs cannot be submitted. Review should be at least 3 weeks before the submission date. Any applications received less than a week before the FCEM submission date cannot be reviewed and that trainee will not be allowed to sit their exam at that sitting.

**Flexible Trainees**

The timelines for trainees who are less than full time are the same as above. The timings for the end of ST4 may not fit in exactly with the ARCP process, but the ARCP panel will expect to see appropriate progress with the CTR.

At ARCP, the CTR is the commonest reason for trainees not getting an Outcome 1.
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.

The ARCP panel are 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 CEM representative.

It is a formal exercise and the panel review the paperwork you have submitted and your electronic portfolio to ascertain whether or not you have completed all the stipulated requirements. *The actual ARCP is a paper-based exercise; the panel are required to review the evidence before you come in and have to decide which outcome you will receive based on that.*

For that reason it is important to ensure that you have submitted all the correct documentation, otherwise they may not be able to award an Outcome 1 (satisfactory progress made). *An ARCP checklist for your training is included with this document and you are strongly encouraged to read it.*

It is key that you also bring along your paper portfolio and logbook, in case the panel require clarification. *You should dress smartly or wear scrubs.*

The ARCP Interview

The panel will explain the Outcome they are giving you or ask for clarification on areas that they think you have not got evidence eg missing WPBAs, incomplete MSF, or no clinical topic review, to name the most common areas.

The panel will also ask about any areas of concern/weakness that are apparent in your MSF or structured training report. It will be very useful for you to have constructively reflected on any of these areas and we would encourage you to write this in your e-portfolio.

Once clarification has finished the panel would explain the Outcome you will be given. Where this is other than an Outcome 1 (satisfactory to continue to next stage) or a 6 (end of training), the timeframe in which you will now need to complete outstanding requirements will be provided. The details of what you need to do will also be written down and given to you. A list of possible Outcomes is below.

The ARCP Outcome will be recorded on the e-portfolio. You will then be asked to sign a form confirming your personal details are correct so do review this carefully where you have moved or changed email addresses. For those who don’t achieve an Outcome 1 or 6, you will also need to sign a form which details which outcome you have and the outstanding things you need to do.

Finally you will be asked whether you have any questions/comments for the panel. The ARCP will then be over. We no longer request you to give feedback on the posts as this is now done through a regional and national formal feedback process.
**ARCP OUTCOMES**

**Recommended Outcomes from Review Panel**

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<td>1. Achieving progress and competences at the expected rate</td>
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**Unsatisfactory or insufficient evidence** *(Details provided on supplementary sheet overleaf. The panel will also meet with the trainee.)*

| 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 require to complete/ provide a few missing requirements eg missing a DOPs and a mini-CEX. The deadline for this is usually 10 working days.

**Outcome 2** is given where there are substantial missing requirements or there is a concern raised about the trainee’s attitude/behaviour which felt can be addressed in a short time frame. Review is usually 3-6 months.

**Outcome 3** is given for:
- A significant period of training time off perhaps after maternity leave, or ill health
- 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’s attitude/ behaviour that is likely to require a longer period to correct
Providing the Right Paperwork for ARCP

All the evidence should be on your e-portfolio. (See e portfolio section)

Structured Training Report


Whilst neither is ‘the right one’, Wessex would prefer you to complete the STR found in Appendix 2 as it is far more comprehensive, and reduces the number of Outcome 5s we issue due to inadequate paperwork. It also have the 25 Core Competences which your clinical supervisor can tick off to the level they think you have achieved.

If you use the e-portfolio form you MUST refer to the Wessex ARCP checklist during your appraisal to ensure you have all areas documented.

If you use a paper based version of the form, please ensure it is uploaded on e-portfolio to your personal library, clearly labelled as such.

MSF

This can be completed online. A minimum of 12 completed and returned forms are required, from a good spread of the multi-disciplinary team, with at least 3 consultants. This means you need to send it out to at least 25 people!

The forms will be returned to your Educational Supervisor who will generate a summary of your MSF. It is the summary that the panel will review. The panel DOES NOT EXPECT to release the results to a trainee, as it is expected that it will have been done far enough in advance of ARCP to have been fed back to the trainee by their supervisor.

Logbook

Trainees should all keep a logbook of patients seen. The logbook should be divided into resus/majors and ambulatory and into paediatric or adults. Approximately 2000 patients per year are expected to be seen, with at least 10% resus cases. The panel are able to make a judgement call on precise numbers, but inadequate documentation/ computer generated details are not an adequate excuse.

Reflective Practice

Educationally, it is good practice to reflect on cases seen. You should show evidence of this.

It will be expected that you should do so on:

- Deficiencies may have been identified within the multisource feedback or in the Educational supervisor’s report.
- Complaints/SUIs/critical incidents you have been involved with (also required for revalidation).

It is essential that you demonstrate insight into any areas of concern by describing how you intend to address them in your personal development plan, or library on e-portfolio.

Revalidation Paperwork

You will need to complete an enhanced form R for each ARCP. This will needed to be submitted on paper to Deanery
An ARCP without you being there

We expect all trainees to attend their ARCP and as such you are given the dates for this well in advance (usually early July) as we feel there is value in meeting trainees face-to-face.

Very occasionally you will not be able to attend your ARCP because you have another unavoidable commitment. 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 paperwork/ e-portfolio and give you an outcome without you being there.

If however there are concerns or your requirements appear incomplete you will not be given a satisfactory outcome and we will request that either you meet another panel on a different date, or that you need to produce evidence of completion of aspects of your training within a certain time frame. You will be given the reasons for this decision.

Please therefore make every effort to submit all your evidence of completion of the requirements by the deadline given. Liaising directly with both your supervisor AND the Deanery will facilitate this.

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

Submitting your paperwork

This has proved to be a problem in the past with trainees! It is essential that all submissions occur by the deadline given by the Deanery and nothing will be accepted after that date as it requires a huge amount of work to collate all the submissions from all trainees.

We would advise you to use the provided ARCP checklist to be a guide to what you need to submit. You will NOT be informed of whether you have submitted all the requirements as this is checked only on the morning of the ARCP so you will need to clarify this with your supervisor and/ or the Deanery before the deadline.

Less Than Full Time Training

Less than full trainees will attend ARCP annually. They are expected to have completed a pro-rata amount of the curriculum; eg 60% WPBAS etc. This will mean that at ARCP we will not be seeing you at the end of the training year, so for example if you are nearly at the end of ST4, you should be nearing completion of your WPBAs for ST4, and close to having a draft of your CTR.

If there are concerns as to how much you should have completed please contact the Deanery/TPD for advice.
Revalidation

This is the way of regulating licensed doctors, in which doctors demonstrate to the GMC and the public that they are up to date and fit to practise, and comply with the relevant professional standards. For trainees the cycle begins at full registration with the GMC, for UK trainees - start of F2, revalidating at 5 years and at CCT for longer training programmes. RO is Dr Simon Plint as Postgraduate Dean. Trainees are already highly regulated. They collect a portfolio of supporting evidence for training which is reviewed annually at ARCP, therefore they revalidate via enhanced ARCP.

What Additional Information is Needed?

From the trainee

- Enhanced Form R  (This needs to be posted back to the Deanery prior to ARCP)
  - Scope of work
  - Significant events
  - Complaints
  - Compliments
  - Probity
  - Investigations
  - Health
- Reflection on Extra work outside Training

From the employer

- 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

This will be collated in collaborative exit report asking if the trainee has been involved in any of the above; YES or NO. If YES then an Exception Exit report will answer whether they were resolved satisfactorily with no unresolved concerns regarding conduct and fitness to practise.

Prior to ARCP

Trainee includes the following in their e-portfolio:
- Enhanced Form R
- Reflections on all SUIs, Complaints and Investigations
- Latest Collective Exit Report
- If applicable – Exception Exit Report

Discusses with Educational Supervisor at pre-ARCP meeting

At Enhanced ARCP

Panel will review this extra information along with rest of portfolio and structured training report. Enhanced ARCP Outcomes

ARCP will generate an ARCP Outcome and on the ARCP Outcome form – the panel will have to tick to say if there are any 'current known unresolved causes for concern' over fitness to practise

These ARCP Outcome forms will be reviewed by the Responsible Officer or Associate RO. They will make one of 3 recommendations

- Positive recommendation
- Deferral request
  - Insufficient evidence
  - Ongoing investigation or process
- Non-engagement

Exit Reports will need to be in portfolios soon, but the date is currently not known.
Time Out of Programme

A clear policy on how to apply for this and the rules regarding it can be found on the Wessex Deanery webpage under guidelines and procedures. Further detailed information is available here: http://www.wessexdeanery.nhs.uk/about_nesc/policies_and_procedures/out_of_programme_experience.aspx

Wessex Deanery requires OOP Application Forms and supporting documentation to be submitted at least 6 months in advance of the proposed OOP start date; exceptions will only be agreed by the Postgraduate Dean.

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

Wessex Deanery needs to balance the needs of the OOP applicants against the risk of compromising the training of other trainees within the specialty, quality of care and potentially the safety of patients as well as service gaps in rotas impacting on service delivery.

If the maximum OOP allowance per specialty or school has reached capacity, an OOP panel will convene and trainees will be subject to a competitive process. The Postgraduate Dean will only authorise applications over capacity if a management plan is in place.
**Wessex Deanery Return to Training Scheme**

Wessex has a ‘Return to Training Scheme’ which is compulsory for all absences of **3 months or more**.

Prolonged absence from work causes deskillling of knowledge, skills and behaviours. It causes loss of confidence and thus is it fair or safe to expect return to full duties (including on calls) potentially in a new hospital? There are many causes of prolonged absence – maternity, sickness, fellowships.

The schemes goals are to:

- Promote patient safety, confidence and quality of care
- Allow trainee’s 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**

Paperwork to complete for this is on the Deanery home page under ‘time out of training’

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 undertaken with feedback from ES. Length of supervised return period varied due to individual needs of trainee.

TPD needs to oversee the process and copied into the paperwork trail.
## WESSEX EM HST ARCP Checklist 2014/15

### Generic Information/Documentation to be reviewed

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered with CEM and up-to-date e portfolio</td>
<td></td>
</tr>
<tr>
<td>Signed Supervisor's Report(s) for all posts since last ARCP</td>
<td></td>
</tr>
<tr>
<td>Up to date CV</td>
<td></td>
</tr>
<tr>
<td>Exam Data Form</td>
<td></td>
</tr>
<tr>
<td>Complete revalidation paperwork (employer return/enhanced form R/scope of work) and returned paper copy to Deanery</td>
<td></td>
</tr>
<tr>
<td>GMC Survey Completion</td>
<td></td>
</tr>
</tbody>
</table>

### Has the trainee:

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed 25 Core competences to Level 3 or 4, at ST4 – 50%</td>
<td></td>
</tr>
<tr>
<td>ST5 – 100%</td>
<td></td>
</tr>
<tr>
<td>ST6 – 100%</td>
<td></td>
</tr>
<tr>
<td>Completed required clinical and WPBAs (see checklist below)</td>
<td></td>
</tr>
<tr>
<td>Mapped Curriculum to date (completely for ST6)</td>
<td></td>
</tr>
<tr>
<td>On track for Level 1 Ultrasound (see checklist below)</td>
<td></td>
</tr>
<tr>
<td>Completed Safeguarding Children to Level 3 (end of ST6)</td>
<td></td>
</tr>
<tr>
<td>Adequate Management/Leadership Experience</td>
<td></td>
</tr>
<tr>
<td>Satisfactory MSF (1 per year at least 12 responses, 3 consultants)</td>
<td></td>
</tr>
<tr>
<td>Satisfactory Patient survey (1 by end of training)</td>
<td></td>
</tr>
<tr>
<td>On track for FCEM exam (see checklist below)</td>
<td></td>
</tr>
<tr>
<td>Developing CA skills</td>
<td></td>
</tr>
<tr>
<td>Uploaded CTR draft ST4, finished ST5</td>
<td></td>
</tr>
<tr>
<td>Completing an audit/ original work</td>
<td></td>
</tr>
<tr>
<td>Has the trainee completed 30 e learning modules this year</td>
<td></td>
</tr>
<tr>
<td>In date for ALS/APLS/ATLS</td>
<td></td>
</tr>
<tr>
<td>Instructor in LS Course (ST5+)</td>
<td></td>
</tr>
<tr>
<td>Completed a satisfactory anonymous logbook of cases seen divided (or made clear) into Resus/Majors/Ambulatory &amp; into age</td>
<td></td>
</tr>
<tr>
<td>Seen &gt; 2000 cases/ year of which 10% are resus cases*</td>
<td></td>
</tr>
<tr>
<td>* indicative numbers and a judgement on numbers made at ARCP</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine Specialty Specific Information/Documentation to be reviewed</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>At ST4</strong></td>
<td></td>
</tr>
<tr>
<td>Successfully completed at least 3 Major Presentations with WPBAs</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Successfully completed at least 9 Acute Presentations with WPBA, including</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Alcohol and substance misuse</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Blackout</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Environmental Emergencies</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Headache</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Wound Assessment</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Completed at least 8 more Acute presentations by other means</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Successfully completed at least 3 Paediatric Major Presentations with WPBAs (or up to date with APLS)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Successfully completed remaining 5 Paediatric Acute Presentations with WPBAs, including</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Neonatology</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Able to manage several patients concurrently</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>At ST5</strong></td>
<td></td>
</tr>
<tr>
<td>Successfully completed at least 2 Major Presentations with WPBAs</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Successfully completed at least 8 Acute Presentations with WPBA, including</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Oncology</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Medical emergencies in pregnancy</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Completed at least 8 more Acute Presentations by other means</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Successfully completed 5 Paediatric Acute Presentations with WPBAs</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Able to look after complex cases</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>At ST6</strong></td>
<td></td>
</tr>
<tr>
<td>Successfully completed all outstanding WPBAs, including pacing/ENT/dental DOPS</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Able to look after complex cases</td>
<td>Yes / No</td>
</tr>
<tr>
<td><strong>Ultrasound</strong></td>
<td></td>
</tr>
<tr>
<td>Completed Level 1 Course/e learning</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Satisfactory log of US Scans</td>
<td>Yes / No</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Completed triggered assessment for:</td>
<td></td>
</tr>
<tr>
<td>Aorta</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Vascular Access</td>
<td>Yes / No</td>
</tr>
<tr>
<td>FAST</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Echo in Life Support</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Signed off for Level 1</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exam Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>A copy of Clinical Topic Review must be seen by panel</td>
</tr>
</tbody>
</table>

**ST4 – a draft CTR**
- Chosen topic, formed into the 3 part question
- A literature review
- Outline of your introduction, results and discussion
- Evidence of your “own work” towards the CTR

**ST5 – Completed CTR**
- Proof read by Educational supervisor
- In the format to submit it for FCEM.
- Passed mock CAC exam/ done a course

- Sat CAC Date: Pass / Fail
- Submitted intention to sit for FCEM Sitting: Yes / No
- Recent mock FCEM results discussed

- Sat FCEM Date: Pass / Fail
- Has the trainee passed the required exams to progress? Yes / No

**Areas of Concern** (if yes please detail on page 4)

<table>
<thead>
<tr>
<th>Have any concerns or unresolved complaints been raised?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the trainee been involved in any SUIs/SIRIs/Cis</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Has trainee shown evidence of reflective practice on the above</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Has trainee had period of absence from post (sick leave, OOPE)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Has the trainee completed all the requirements for their stage of training?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Have concerns been raised by Educational Supservisor or MSF about trainees ability to progress?</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
ARCP Panel Meeting

Comments:

Development for next year of training:

ARCP Outcome:

<table>
<thead>
<tr>
<th>Panel Members</th>
<th>CHAIR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

Signed (person completing form):

Print Name:

Date:
Top Training TIPS

Download your years Structured Training Report at the beginning of the year to see what you need to achieve that year.

Maintain a logbook

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

Be aware of the Wessex CTR guidance:
- End ST4 draft CTR (ie a best bet) so start thinking!
- End ST5 completed CTR (need to finish it mid ST5 to be able to submit for Autumn ST6 FCEM)

Remember your own work scores a lot for the CTR so start it early, surveys score badly.

CEM website has advice on all parts of the exam, including the CTR. Enlighten Me has a number of model CTRs for reference, and the Best Bets website have a wealth of ideas for three part questions for you to refer to for inspiration.

Try and get the Critical Appraisal exam done early as it helps the CTR and reduces FCEM stress

Aim to map your curriculum as you go along to avoid a huge amount of work pre ARCP

There are mandatory WPBAS for each year – they do not have to be done in that order in Wessex, but do ensure you complete a reasonable number per year.

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

Read the rest of this document at least once!!!