

# **Preparing for your ACCS ARCP and Regional Training Days**

***2017-19***

(Mr Lee Gray ACCS TPD - Updated July 2017 )

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## What is the ARCP

Welcome to Wessex. Please do not fear your 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 is a formal exercise and the panel review the paperwork you have submitted or your electronic portfolio to ascertain whether or not you have completed all the stipulated requirements. In Wessex Deanery we expect all trainees to attend a feedback meeting after the ARCP has taken place if at all possible. ARCP dates are usually sent out in May, this gives plenty of time to swap shifts before the actual ARCP (usually held end June/ early July but can be held at other times of year).

**Review of your documents and ARCP decision is done before you attend** and can take up to an hour per trainee; **your attendance in the feedback meeting usually only takes around 10-15 minutes** in most cases.

The ARCP checklist for your year of training is included in this document and you should already have received it as a separate document as part of your induction. **E-portfolio now also has your year specific checklist - go to help - information - CEM checklist on your home page.**

In addition a more comprehensive document has been written for you summarising all the requirements in more detail. This has also been included in your induction pack/email and is on the Wessex Deanery website and you are strongly encouraged to read it.

The ARCP panel are comprised of a Lay Advisor, Consultants from the specialities concerned, the specialty Programme manager from the Deanery and the Training Programme Director (TPD) for the ACCS programme. There may also be a Consultant from another Deanery as an external. There are often 6-10 persons there to ensure you are at the correct level.

They will have already reviewed the documents you sent to the Deanery and looked at your eportfolio before you are seen in person and have decided which outcome you will be awarded.

It is key you also bring along your paper portfolio, including logbooks in the specialties completed during that year, as occasionally not all of the documents you think you have sent have been!! We may not need to see the paper portfolio if the electronic version is working, but technical issues may mean we rely on the traditional approach.

The panel will also ask about any areas of concern/ weakness that is 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 reflective diary. We would encourage you to write in the area specifically assigned for this (PDP –personal development plan) in your eportfolio. A windows document that you have written on reflection can be just as powerful and there is good evidence that thorough reflection on events does make us better doctors.

The panel will explain the outcome you will receive and if necessary detail any outstanding documentation to be submitted. The commonest outcomes are one and five as outlined below.

Hopefully you will receive an outcome one - continue to further training, but sometimes more information or time is needed.

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 provided for you.

This outcome will be recorded on your e-portfolio.

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 don't formally request you to give feedback on the posts as this is now done through a regional and national GMC formal feedback process. Voluntary feedback after the ARCP is sometimes offered.

We would encourage you to attend in formal attire.

## **2) Less Than Full Time (LTFT) trainees**

LTFT trainees will need to attend the ARCP each year regardless of the proportion of time you work.

You will be expected to have achieved the number of WPBAs etc commensurate with your % of work eg a trainee working at 60% will need to have completed 60% of the WPBAs expected for that year.

The same principle applies to other areas eg e-learning modules, logbooks of cases.

In addition we expect you to provide a structured training report for the year and this may even mean providing 2 such reports if you have done 2 specialities in that year. This report should summarise all your activities as per the ARCP checklist.

We also require you to provide one multisource feedback (MSF) report for this period.

You will be given an ARCP outcome at this meeting and have an opportunity to discuss your career plans and seek advice.

## **3) Using the correct paperwork**

All forms are in Appendix 2 of the College of Emergency Medicine Curriculum ([www.collemergencymed.ac.uk](http://www.collemergencymed.ac.uk)). Only some of the forms are actually in the ACCS Curriculum April 2012.

For Anaesthesia and Intensive Care the forms on the eportfolio and Appendix 2 are currently outdated and we would advise you to use the forms that are available on the RCoA and Faculty of Intensive Care(FICM) websites.

To ensure you have completed all the requirements please refer to the section on “ The ARCP checklist ”.

Where you wish to complete them as paper forms they can be found on the following pages:

## **Emergency Medicine**

Use **Appendix 2** for all forms.

For Emergency Medicine trainees all of these forms are available on the eportfolio under “Work based assessments”.

### **Major Presentations (MPs)**

At least 2 MPs have to be done as SUMMATIVE assessments either as a Mini-CEX or as a CBD by a Consultant.

The following specific mini-CEX SUMMATIVE forms are on the pages below:

Anaphylaxis – 8 to10

Major Trauma - 11 to 12

Sepsis - 13 to 15

Shock - 16 to 17

Unconscious - 18 to 20

A generic CBD SUMMATIVE form: page 31 to 32

### **Acute presentations (APs)**

The 5 mandatory APs must be done as SUMMATIVE assessments either as a mini-CEX or as a CBD by a Consultant.

The following specific mini-CEX SUMMATIVE forms are found on the pages below:

Chest pain -20 to 21

Abdominal pain - 22 to 23

Breathlessness - 24 to 25

Mental Health - 26 to 27

Head Injury - 28 to 29

The generic SUMMATIVE CBD form to use for any of the above is on 31 to 32.

The **remaining 33 APs** can be done using generic forms as FORMATIVE mini-CEX (page 6) or CBD (page 33) and can be done by an SpR (ST4 and above) or Consultant.

## **DOPs**

There are 4 **mandatory** DOPS and the specific forms for these are on pages:

Basic airway maintenance – 37 to 38

Primary survey - 39 to 41

Wound management - 42 to 43

Fracture manipulation - 44 to 46

Joint manipulation - 47 to 49

All other DOPs should be done on a generic DOPs form on pages 35 to 36.

## **ACAT-EM**

The form for this is on pages 50 to 51.

## **MSF**

The form for this is on page 54 and 55.

A **minimum** of 12 completed and returned forms are required. This means you need to send it out to at least 25 people!

The forms **MUST** be returned to your Clinical supervisor in the speciality in which you are doing the MSF. They must **NOT** be returned to you.

For those with an eportfolio your clinical supervisor is encouraged to input the results of the MSF on to the eportfolio which will generate a summary of your MSF. It is the summary that the panel will review.

For those without an eportfolio, your clinical supervisor needs to collate the responses and write a summary. For EM trainees your supervisor should “release the results” to you using the eportfolio.

Your MSF results **MUST** be shared with you prior to the ARCP.

### **STRUCTURED TRAINING REPORT (STR)**

The exact paperwork for this has caused much confusion in the past.

**Please ONLY complete the STR which is available on the Wessex Deanery website under the section on “ARCP documentation”.**

We would advise you to fill it in as best you can and share it with your supervisor so they can agree/ confirm what you have recorded.

They will then write in the strengths/weaknesses section and sign it.

**It should then be uploaded to the Personal Library section of your eportfolio** so that it is immediately available for the ARCP panel to review.

This form also has the 25 Core Competences which your clinical supervisor can tick off to the level they think you have achieved(1 to 4).

By the end of your 2 year ACCS programme this needs to be more than 50% to level 2.

By the end of your 3 year ACCS programme this needs to be all of them to level 2.

**PLEASE DO NOT USE THE FORM ON THE EPORTFOLIO AS IT DOES NOT HAVE THESE CORE COMPETENCES ON IT!**

**For your 6 months in MEDICINE**

**All** forms in Medicine are FORMATIVE and completed by a Consultant or Registrar.

The forms are also from Appendix 2 and have been taken from the Royal College of Physicians website so are more familiar to your Physician supervisors.

Your supervisor may still use the forms used in EM if they or you prefer this.

**The following can be used for both Major and Acute Presentations:**

The generic mini-CEX form is on pages 61 to 62.

The generic CBD form is on pages 63 to 65.

**DOPs** - The generic DOPs form is on pages 66 to 67.

**ACAT** – The form for this is on page 68 to 70.

**MSF** - The same form should be used as for EM on pages 54 to 55

Please read the section on MSF in Emergency Medicine before starting.

**Structured training report**

The exact paperwork for this has caused much confusion in the past.

Please **ONLY** complete the STR which is available on the Wessex Deanery website under the section on “ARCP documentation”.

We would advise you to fill it in as best you can and share it with your supervisor so they can agree/ confirm what you have recorded.

They will then write in the strengths/weaknesses section and sign it.

**It should then be uploaded to the Personal Library section of your eportfolio** so that it is readily available for the ARCP panel to review.



This form also has the 25 Core Competences which your clinical supervisor can tick off to the level they think you have achieved(1 to 4).

By the end of your 2 year ACCS programme this needs to be more than 50% to level 2.

By the end of your 3 year ACCS programme this needs to be all of them to level 2.

PLEASE DO NOT USE THE FORM ON THE **EPORTFOLIO** AS IT DOES NOT HAVE THESE CORE COMPETENCES ON IT!

## **Anaesthetics**

The forms for these are currently only on the Royal College of Anaesthetists website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk).

Please do **not** use the ones in Appendix 2 of the ACCS curriculum as they are currently outdated. For EM trainees these forms are also still outdated on the eportfolio.

**Once on the website click “Training” in the left hand column and then scroll down to “Work place based assessments” and click this. This will provide you with the following forms which we wish you to use:**

Mini-CEX, CBD, DOPs, MSF and an MSF summary sheet which your clinical supervisor completes and this summary is what is required by the ARCP panel.

## **Logbook**

This must be anonymised. There is a specific logbook to be used that is found on: [www.logbook.org.uk](http://www.logbook.org.uk)

## **E-learning**

There are very good e-learning modules which are particularly useful for preparing for the primary FRCA: [www.e-LA.org.uk](http://www.e-LA.org.uk)

### **Structured Training Report**

The exact paperwork for this has caused much confusion in the past.

**Please ONLY complete the STR which is available on the Wessex Deanery website under the section on “ARCP documentation”.**

We would advise you to fill it in as best you can and share it with your supervisor so they can agree/ confirm what you have recorded.

They will then write in the strengths/weaknesses section and sign it.

**It should then be uploaded to the Personal Library section of your eportfolio** so that it is immediately available for the ARCP panel to review.

This form also has the 25 Core Competences which your clinical supervisor can tick off to the level they think you have achieved(1 to 4).

By the end of your 2 year ACCS programme this needs to be more than 50% to level 2.

By the end of your 3 year ACCS programme this needs to be all of them to level 2.

PLEASE DO NOT USE THE FORM ON THE **EPORTFOLIO** AS IT DOES NOT HAVE THESE CORE COMPETENCES ON IT!

### **Intensive Care Medicine**

While the forms for Mini-CEX, CBD, DOPs and MSF exist in both Appendix 2 and the ACCS Curriculum they are currently out-dated. EM trainees should also be aware that these forms are still outdated on the eportfolio.

Therefore the **required** forms are on the Faculty of Intensive Care website and we would encourage you to use these:

**[www.ficm.ac.uk](http://www.ficm.ac.uk)** and go to the “Assessments” in the left hand column.

## **Structured Training Report**

The exact paperwork for this has caused much confusion in the past.

Please **ONLY** complete the STR which is available on the Wessex Deanery website under the section on “ARCP documentation”.

We would advise you to fill it in as best you can and share it with your supervisor so they can agree/ confirm what you have recorded.

They will then write in the strengths/weaknesses section and sign it.

**It should then be uploaded to the Personal Library section of your eportfolio** so that it is immediately available for the ARCP panel to review.

This form also has the 25 Core Competences which your clinical supervisor can tick off to the level they think you have achieved(1 to 4).

By the end of your 2 year ACCS programme this needs to be more than 50% to level 2.

By the end of your 3 year ACCS programme this needs to be all of them to level 2.

PLEASE DO NOT USE THE FORM ON THE **EPORTFOLIO** AS IT DOES NOT HAVE THESE CORE COMPETENCES ON IT!

## **ARCP CHECKLISTS**

Wessex ACCS ARCP CHECKLIST (Updated May 2015)

**GENERIC:**

Registered with your base speciality College	Y	N
CT1: Achieved 50% of the 25 Core competences to level 2 *	Y	N
CT2: Achieved > 50% of the 25 Core competences to level 2	Y	N

**Have you Uploaded your completed STR once signed by yourself and Ed Supervisor??**

**MEDICINE**

<b>Ed supervisor completed and signed structured training report</b>	Y	N
Completed a personal development plan for identified deficiencies **	Y	N
Completed a minimum of <b>14 WPBAs</b> as follows:		
3 Mini CEX	Y	N
3 CBD	Y	N
3 ACATs	Y	N
5 DOPS	Y	N
Successfully completed <b>at least</b> 2 Major presentations	Y	N
Successfully completed <b>at least</b> 10 Acute presentations as WPBAs	Y	N
Completed at least 9 other Acute Presentations using other means ***	Y	N
Completed a satisfactory logbook of cases seen in Medicine	Y	N
No patient identifiable material in logbook	Y	N
Completed a MSF with a summary by the Ed Supervisor (> 11 replies)	Y	N
Completed an audit <b>and</b> ideally closed the loop(not essential)	Y	N
Completed a patient safety project	Y	N
For EM/AM trainees, to have successfully passed MCEM A/ MRCP 1 <b>OR</b> demonstrate plan to sit/resit the exam	Y	N
In date for all appropriate Life Support courses	Y	N

**EMERGENCY MEDICINE**

<b>Ed supervisor completed and signed structured training report</b>	Y	N
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Completed a personal development plan for identified deficiencies **	Y	N
Completed a minimum of 13 WPBAs as follows:		
4 Mini CEX	Y	N
3 CBD	Y	N
1 ACAT-EM	Y	N
5 DOPS	Y	N
-4 Mandatory DOPS: Airway maintenance	Y	N
Primary survey trauma patient	Y	N
Wound management	Y	N
Fracture/ joint manipulation	Y	N
Successfully completed <b>at least</b> 2 Major presentations with Consultant	Y	N
Successfully completed <b>at least</b> 5 Acute presentations with Consultant	Y	N
-Mandatory 5 APs: Abdominal pain	Y	N
Breathlessness	Y	N
Chest pain	Y	N
Head Injury	Y	N
Mental Health	Y	N
Completed a <b>minimum</b> of 10 Acute presentations using WPBAs	Y	N
Completed a <b>minimum</b> of 9 Acute presentations using other means ***	Y	N
Completed a satisfactory logbook of cases seen in the ED:		
Seen a minimum of 750 cases	Y	N
No patient identifiable material in logbook	Y	N
Logbook divided or made clear the case mix (Resus/Majors/ambulatory)	Y	N
Logbook divided or made clear the age range (Paeds vs adults)	Y	N
Completed an MSF with a summary by the Ed Supervisor (> 11 replies)	Y	N
(only necessary if not done in Medicine)		

Completed an audit <b>and</b> ideally closed the loop (not essential) (only necessary if not done in Medicine)	Y	N
Completed a patient safety project (if not done in Medicine)	Y	N
For EM/AM trainees, to have successfully passed MCEM A/ MRCP 1 <b>OR</b> demonstrate plan to sit/resit the exam	Y	N
In date for all appropriate Life Support courses	Y	N

\*These 25 core competences are individually listed in the structured training reports and need to be ticked off by your Ed supervisor at your final meeting.

\*\*Deficiencies may have been identified within the multisource feedback or in the Educational supervisor's report. This may also be apparent because of inability to complete any/some of the above requirements in the timeframe expected.

It is essential that you demonstrate insight into these areas of concern by describing how you intend to address them in your personal development plan (on eportfolio or written for those where this is not available electronically).

\*\*\*"other means" is by reflective entries in your portfolio (written/electronic) with a recorded learning outcome; successfully completed e-learning modules; teaching done/attended on the subject; audit or patient safety project done on the subject

**Wessex ACCS ARCP CHECKLIST (Updated May 2015)**

**GENERIC:**

Registered with your base speciality College	Y	N
CT1: Achieved 50% of the 25 Core competences to level 2 *	Y	N
CT2: Achieved > 50% of the 25 Core competences to level 2	Y	N

### INTENSIVE CARE MEDICINE

<b>Ed supervisor completed and signed structured training report</b>	Y	N
Completed a personal development plan for identified deficiencies **	Y	N
Achieved Basic Level competence in ICM	Y	N
Successfully completed a minimum of <b>13 WPBAs</b> as follows:		
3 Mini CEX	Y	N
4 CBDs	Y	N
6 DOPS	Y	N
Successfully completed <b>at least 2</b> Major presentations	Y	N
Completed a satisfactory logbook of cases seen in ICM	Y	N
Cases documented in the logbook have an appropriate case-mix	Y	N
No patient identifiable material in logbook	Y	N
Completed an audit <b>and</b> ideally closed the loop (not essential)	Y	N
Completed a patient safety project or some form of PS activity	Y	N
For CT1 trainees, attended a one day patient safety day	Y	N
Completed a MSF with a summary by the Ed Supervisor (> 11 replies)	Y	N
<i>For EM/AM trainees, to have successfully passed MCEM A/ MRCP 1</i> <b>OR</b>		
demonstrate plan to sit/resit the exam	Y	N
<i>For Anaesthetic trainees to consider when they might sit the Primary FRCA</i>	Y	N
In date for all appropriate Life Support courses	Y	N

### ANAESTHETICS

Ed supervisor completed and signed structured training report	Y	N
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Completed a personal development plan for identified deficiencies **	Y	N
Successfully gained a Certificate of Initial Assessment of Competency (IAC requires 5 A-CEX, 6 DOPS and 8CBD)	Y	N

Gained satisfactory sign off in all units of Basis for Anaesthetic practice

This requires one A-CEX, one DOPS and one CBD in each of the 8 units below

ie: a total of 24 WPBAs

1 Pre-op assessment	Y	N
2 Premedication	Y	N
3 Induction of general anaesthesia	Y	N
4 Intra-operative care	Y	N
5 Post-op and recovery room care	Y	N
6 Introduction to anaesthesia for emergency surgery	Y	N
7 Management of respiratory and cardiac arrest in adults and children	Y	N
8 Control of infection	Y	N

Completed a satisfactory logbook of cases	Y	N
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Have documented an appropriate case-mix	Y	N
---	---	---

No patient identifiable material in logbook	Y	N
---	---	---

Completed an audit <b>and</b> ideally closed the loop (not essential)	Y	N
---	---	---

(only necessary if not done in ICM)

Completed a patient safety project or activity (if not done in ICM)	Y	N
---	---	---

Completed an MSF with a summary by the Ed Supervisor (> 11 replies)	Y	N
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(only necessary if not done in ICM)

*For EM/AM trainees, to have successfully passed MCEM A/ MRCP 1 OR*

demonstrate plan to sit/resit the exam	Y	N
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<i>For Anaesthetic trainees to consider when they might sit the Primary FRCA</i>	Y	N
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In date for all appropriate Life Support courses

Y

N

\*These 25 core competences are individually listed in the structured training reports and need to be ticked off by your Ed supervisor at your final meeting.

\*\*Deficiencies may have been identified within the multisource feedback or in the Educational supervisor's report. This may also be apparent because of inability to complete any/some of the above requirements in the timeframe expected.

It is essential that you demonstrate insight into these areas of concern by describing how you intend to address them in your personal development plan (on eportfolio or written for those where this is not available electronically).

## 5- Logbooks

Please keep an anonymised (no patient identifiable data) logbook of cases you have seen - stored within your eportfolio. Ideally store as an excel spreadsheet - subdivided into Resus cases/ major cases/ minor cases/ procedures.

Exact numbers of cases seen do not tell the whole story but do add weight to identifying areas to focus upon.

## 6 - Your Portfolio

You are strongly encouraged to create a paper-based portfolio alongside your eportfolio. We need you to bring your paper portfolio to the ARCP so the panel can, if needed, confirm evidence of things required to progress you.

When you attend interviews the interview panel will review your paper-based portfolio and score it so we would advise you to make it as thorough as possible. It should **not** contain your Foundation programme paperwork

It should be divided into sections that make reviewing it as easy as possible. The dividers for example should themselves be placed into plastic sleeves so they protrude beyond the ends of the A4 documents.

Typical sections would be:

- 1) CV (ensure updated)
- 2) Qualifications
- 3) Courses
- 4) Publications/ Research
- 5) Current post highlighted
- 6) WPBAs in this post – please separate these so they are easily identified

#### Summative Assessments

- Mini-CEX
- CBDs

#### Formative Assessments

- Mini-CEX
- CBD
- DOPs
- MSF
- Structured Training Report

7) Previous posts (eg Medicine) : Similarly add WPBAs as above

8) **Anonymised** logbook

9) Audit – only include those done whilst in ACCS

- Please summarise your audit on the first page

10) Attendance at the ACCS Regional teaching days (it is mandatory you attend 3 of the 4 over the 2 years).

11) Patient safety project

## 7- E-PORTFOLIO

Please ensure you have one.

This is what will be reviewed by the ARCP panel prior to your attendance on the day.

Problems we encounter are:

-documents not placed on it at all

-documents have been put under headings we wouldn't expect

Please try and get your assessor to do the WPBAs electronically and these can be done either at the time or by sending the assessor an electronic tag.

**For Acute Medicine trainees**, the RCP eportfolio doesn't cater for ACCS so there is no mention of the Major and Acute presentations and there is no reference to the Anaesthetic or ICM WPBAs. Therefore please use the forms from Appendix 2 and upload them to your "Personal Library". It is essential that you keep a paper-based portfolio with these completed forms as well.

You have to gain Level 1 GIM(General Internal Medicine) competence which means you need to complete not only the 6 Major Presentations and 38 Acute Presentations but also the "The top 20 presentations" and all of the "Other presentations". Fortunately almost all of these are included in the MP and APs.

**For Anaesthetic trainees**, the anaesthetic eportfolio should be used. Your trainers will therefore need to be given logins for this (including the EM and AM Consultants) so they can complete the forms electronically – clearly as this is brand new there will be teething problems and we would like to hear about any problems you encounter with it –please email Mo Wilkinson or Anna Parsons.

**For Emergency Medicine trainees** the eportfolio has been running for some time. However some of the forms on it are outdated and therefore should not be used until made current. The ones that you need to complete that are NOT current are:

- 1) The Anaesthetic and ICM WPBA forms (please refer to previous sections)
- 2) The Structured training report under "Meetings" please only use the STRs from Appendix 2 (pages noted in previous section).

## **Other sections of the eportfolio**

### **1) Personal Library**

This is found under "Profile"

We would like you to place the following under this heading: audits completed and your involvement, presentations you have given, e-learning modules completed, reflective entries, extra-curricular activities.

**Please ONLY put those things done within the ACCS programme.**

By all means place achievements in your Foundation years and other posts in your Library but ensure they are put under a different heading eg " F1 or F2". This is because the purpose of the ARCP is to check the evidence you have achieved competences etc whilst in the ACCS programme. The only things that are counted that won't necessarily be achieved in this programme are your Courses, Exams and qualifications.

## **2) Certificates and exams**

PLEASE note that your clinical or 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" your course or exam once he/she has seen the evidence. This saves us having to review these at your ARCP as they would actually have been seen by your Consultants.

## **3) Educational Logs**

This can be found under "Reflection" and you can enter here your actual procedures (there are 45 to be completed in the 2 year programme) .

## **4) 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 **has to 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 your 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.

## **8 - ARCP without you being there**

We expect all trainees to attend their feedback meeting following their ARCP in June / July and as such you are given the dates for this well in advance as we feel there is value in meeting trainees face-to-face.

In exceptional circumstances 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 trainers in both specialities have no concerns (as written on the structured training report) then we can review your paperwork/ eportfolio and give you an outcome without you being there. You **MUST** discuss this with the Training Programme Director(TPD) before not attending your ARCP.

If however there are concerns or your requirements appear incomplete you will not be given a satisfactory outcome and we will request that you meet another panel on a different date and 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 AND TPD YOURSELF IF YOU ARE UNABLE TO ATTEND THE DATES GIVEN!

## **9 - Submitting your paperwork**

This has proved to be a great problem in the past with trainees often sending inadequate paperwork or not having completed all the requirements electronically on their eportfolio.

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 over 32 trainees!

We would advise you to use the provided ARCP checklists for each speciality to be a guide to what you need to submit. One of the commonest problems is failure to provide a completed Structured Training Report as usually this is done at the final meeting.

We would therefore recommend you plan to meet with your supervisor 6 weeks BEFORE the end of your post specifically to complete this form!

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 before the deadline.

Please only submit photocopies for those submitting paperwork as originals can get lost in the post.

## 10 - ARCP OUTCOMES

Recommended Outcomes from Review Panel
<p><b>Satisfactory Progress</b></p> <p>1. Achieving progress and competences at the expected rate</p>
<p><b>Unsatisfactory or insufficient evidence</b> (Details provided on supplementary sheet overleaf. The panel will also meet with the trainee.)</p> <p>2. Development of specific competences required – additional training time not required</p> <p>3. Inadequate progress by the trainee – additional training time required</p> <p>4. Released from training programme with or without specified competences</p> <p>5. Incomplete evidence presented – additional training time may be required</p>
<p><b>Recommendation for completion of training</b></p> <p>6. Gained all required competences</p>
<p><b>Outcomes for trainees out of programme or not in run-through training</b></p> <p>7.1 Satisfactory progress in or completion of the LAT / FTSTA placement.</p> <p>7.2 Development of Specific Competences Required – additional training time not required LAT / FTSTA placement</p> <p>7.3 Inadequate progress by the trainee – additional training time required LAT / FTSTA placement</p> <p>7.4 Incomplete Evidence Presented - LAT / FTSTA placement.</p>
<p>8. Out of programme; <b>OOPE</b> (Experience); <input type="checkbox"/> <b>OOPR</b> (Research); <input type="checkbox"/> <b>OOPC</b> (Career Break) - <input type="checkbox"/></p> <p>Note: OOPT must have an annual review and would therefore be reviewed under Outcomes 1-5; not Outcome 8</p>
<p>9. Top-up training</p>

**Outcome 5** is often given for trainees who require to complete/ provide a few missing requirements eg missing a DOPs and a mini-CEX.

**Outcome 2** is given where there is substantial missing requirements or there is a concern raised about the trainee's attitude/behaviour which is felt can be addressed in a short time frame.

**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's attitude/ behaviour that is likely to require a longer period to correct

## **11 - Revalidation**

*Medical Revalidation will now be included as part of the annual ARCP process. What this means in practice is that on an annual basis information about you and your fitness to practice will be reviewed to ensure that you are collecting appropriate evidence, reflecting on any issues, and receiving any support you may need if concerns have been raised about either your practice or conduct.*

*You are required to complete a Form R, this form now features a self declaration covering the revalidation domains. You must complete this form, to the best of your knowledge, in preparation for your ARCP. You are required to declare any incidents which you've been involved in since your last ARCP. In this first year it would be sensible to declare any unresolved investigations in which you are involved. You are also required to reflect on any such incident and whilst there is no set format for this it is advisable to use eportfolio where possible. You can find further information on reflective practice on the website: [http://www.wessexdeanery.nhs.uk/trainee\\_revalidation-1/reflective\\_practice.aspx](http://www.wessexdeanery.nhs.uk/trainee_revalidation-1/reflective_practice.aspx)*

*If you are undertaking work outside of training, where you are using your medical skills, you must ensure that you have discussed this with your educational supervisor, you may also find it useful to use the "Reflection on Work Outside of Training (WOT)" form. This is not mandatory from the Dean's point of view although your educational supervisor may ask you, or you may feel it appropriate, to complete it to document fully the work which you are undertaking.*

*On the day of the ARCP the panel will review your educational progress as in previous years, after which they will review information received about you in support of revalidation. These are two separate assessments and an outstanding concern may well not have any impact upon your ARCP outcome.*



**Note: It has been recently agreed by the English Deans that failure to submit a complete Form R to the ARCP panel will result in an automatic Outcome 5 until such a time that this document is provided.**

*Once the panel has reviewed all of the available evidence, they will make a statement to the Dean about whether they have any concerns around the revalidation domains in relation to your training and professional practice, this will then be stored by the Deanery to inform your eventual revalidation.*

*Full information about the requirements of revalidation as well as all of the relevant documentation is available from the Deanery website:[http://www.wessexdeanery.nhs.uk/trainee\\_revalidation.aspx](http://www.wessexdeanery.nhs.uk/trainee_revalidation.aspx)*

## **12. Structured Training Report - Link**

[http://www.wessexdeanery.nhs.uk/specialty\\_schools/school\\_of\\_emergency\\_medicine/acute\\_common\\_care\\_stem/accs\\_arcp\\_documentation.aspx](http://www.wessexdeanery.nhs.uk/specialty_schools/school_of_emergency_medicine/acute_common_care_stem/accs_arcp_documentation.aspx)

## **13 - Summary**

This document should provide you with all the advice you need to ensure a successful ARCP outcome. Please do seek advice directly from your educational supervisor and /or the Deanery where there is still uncertainty of what is required of you.

**Summary checklist: For your ST1/2/3 ARCP you will need:**

**A structured training report for each post (print and complete the paper version, sign and upload)**

**An anonymised logbook for each post**

**A signed form R and reflection on any work outside training/ complaints**

**Reflections throughout the year, particularly SUI / complaints**

**Exact case numbers not specified but a good breadth of pathology expected – for ST3 aim for over 600 paed cases**

**Multi source feedback from over 12 respondents (3 or more consultants needed)**

**From ST3 a faculty governance statement**

**Map the curriculum as you go**

**Work through your ARCP checklist and get it signed**

## **Top tips:**

**Read this document early in training.**

**Register with your college and gain eportfolio access**

**Work through your WPBAs early - do not leave until May**

**Attend the regional training days - you can share knowledge and ideas with your peers.**

**Complete your STR with your Educational supervisor several weeks prior to ARCP - download from the deanery - fill in by hand, then upload back onto eportfolio. Make sure it is easy to find!**

**Attend the ARCP with supporting paperwork and portfolio / logbook**

## **Common reasons not to achieve an outcome one....**

**Lack of a signed structured training report – signed by you and your supervisor and dated**

**Lack of adequate reflection on events of the past year – a blank word document that you have written will often suffice and may flow easier than the eportfolio version.**

**Lack of an anonymised logbook – if you could identify the patient in any way (d.o.b, address, hospital number, exact time of attendance) it will need revision.**

**Lack of a completed multi-source feedback with at least 3 Consultants included per training year (not essential for each six month post unless specified)**

**Lack of attendance at 70% of the training sessions available to you**

## **14 - Training dates 2017-2019**

### **Wessex Region ACCS**

#### **Programme of Training for 2015-2017**

**EMAIL: [lee.gray@poole.nhs.uk](mailto:lee.gray@poole.nhs.uk)**

#### Background

Welcome to Wessex - we genuinely hope you'll love your time training here and will learn all the skills needed to be a future Consultant.

Regional ACCS training days (RTDs) provide several advantages to trainees including an ability to regularly meet peers with similar interests and challenges and to be able to provide formal teaching of the whole ACCS curriculum.

#### Content

The teaching provided shall attempt to cover all of the 25 common competences, the Major and Acute presentations and those practical procedures that are less likely to be done in clinical practice. Trainees should aim to attend 70% of available regional teaching sessions. If you can, also attend local / in house teaching - if you do not attend enough regional / local sessions it will be mentioned at ARCP and can affect the outcome. We are reasonable however and do not expect you to attend teaching whilst on holiday or night shifts!

#### Structure

There will be 10 such days per year approximately monthly. In August there will be an additional day for the annual Deanery and speciality induction day for the newly appointed CT1s. There will be no planned day in February due to changeover and the demands of Trust speciality induction.

Each day will be for 6 hours, starting at 10am and finishing at 4pm to allow time for travel. The days will rotate through the Deanery and the 4 Trusts with ACCS trainees namely Poole, Portsmouth, Salisbury and Southampton. Trainees are required to present cases / topics - ideally overseen by an

“expert” in the topic is facilitating the presentation. By the end of CT2 all trainees should have delivered at least one presentation to peers.

2 days each year will be held at the Deanery and will be largely trainee delivered. Trainees will be encouraged to present cases, patient safety projects, audit or research and a prize will be given to the best presentation.

A Lead for each Trust will be responsible for organising the venue, parking, catering and speakers for the day and dates will be provided well in advance. The Lead simply needs to arrange the day even if the topics to be discussed are not relevant to their speciality.

Topics can be delivered in any teaching style at the discretion of the speaker but should be as interactive as possible. Speakers should be chosen by the person organising the day and they should be asked to cover as closely as possible the ACCS curriculum and the relevant page given to them to try and ensure the talk is relevant to ACCS trainees.

Dates

The programme below specifies the month in which the day should occur but the designated person chooses the actual date. The week commencing is a suggested week only.

Provisional programme

**RTD 20 (Deanery) – Mon 3 July 2017, Dr Neil Garrett and Mr Lee Gray Hosting**

1000 Case presentations by trainees - UHS / Portsmouth trainees

1200 Lunch

1300 Case presentations by trainees - Poole/ Salisbury trainees

1400 Organ donation

1500 PV bleeding

**Welcome to Wessex – induction day for new ACCS trainees - Monday 21<sup>st</sup>  
August - Wessex Deanery**

Pm session – ACCS specific session

**RTD 1 (Salisbury) Dr Nicola Finneran hosting– w/c 25th September 2017 –  
AM/EM**

1000 Anaphylaxis

1100 Structure of the NHS / management / finances / CCG

1200 Lunch

1300 Collapse ? cause

1500 Trainee presentations – Salisbury AM/EM cases

**RTD 2 (Portsmouth) Dr Ben Atkinson hosting –w/c 23rd October 2017 EM  
/AM**

1000 Ophthalmic problems - the red eye

1100 Dealing with aggressive patients

1200 Lunch

1300 Abdominal Pain

1400 Trainee Presentations Portsmouth EM/ AM trainees

**RTD 3 (Poole) Dr James Shorthouse hosting –w/c 20<sup>th</sup> November 2017 ICU/  
Anaesthetics**

1000 Trauma networks / TARN

1100 The use of Ultrasound in acute specialties

1200 Lunch

1300 Infection control (health protection)

1400 Nerve blocks

1500 Trainee presentations - Poole Anaesthetics/ ICM

**RTD 4 (Deanery) – Mon 11th December 2017, Trainee Rep and Mr Lee Gray hosting**

1000 Trainee presentations - Portsmouth / UHS trainees

1200 Lunch

1300 Trainee presentations - Poole / Salisbury trainees

1400 How to teach, how to present!

1500 Breaking bad news

**RTD 5 (UHS) Miss Antonia Donnelly / Dr Jude Reay Hosting – W/C 15<sup>th</sup> Jan 2018 EM/AM**

1000 Acute Coronary Syndromes

1100 Headache

1200 Lunch

1300 Disciplinary process - how not to get fired!

1400 Adder Bites and other nasties.

1500 Trainee presentations - UHS EM/AM trainees

**RTD 6 (Salisbury) Dr Steve Jukes hosting– w/c 19 March 2018 – ICM / Anaesthetics**

1000 Therapeutics and safe prescribing

1100 Back pain

1200 Lunch

1300 2 talks on: ED USS, Limb injury

1500 Trainee presentations – Salisbury ICM / An trainees

**RTD 7 (Portsmouth) Dr Steve Mathieu hosting– w/c 16th April 2018 ICM/ Anaesthetics**

1000 Pain Management

1130 Evidence for “relatives in the Resus room?”

1200 Lunch

1300 2 Talks on: Aortic dissection; Spontaneous pneumothorax

1500 Trainee presentations Portsmouth ICU/ An trainees

**RTD 8 (Deanery) - 21st May 2018, Trainee Rep and Mr Lee Gray hosting**

1000 Trainee presentations - UHS and Portsmouth CT2s

1200 Lunch

1300 Trainee presentations - Poole and Salisbury CT2s

1400 Rashes

1500 Head injuries



**RTD 9 (Poole) Dr Beejal Patel hosting– w/c 18th June 2016, Acute Med/ EM**

1000 Endocrine emergencies

1100 GI bleeds

1230 Lunch

1300 Suicidal ideation

1400 Pre- ARCP update

1500 Trainee presentations - Poole EM/AM

**RTD 10 (UHS) Dr Patrick Butler hosting- w/c 9th July 2018, ICU/ Anaesthetics**

1000 Regional Anaesthesia

1100 Medical ethics and gaining approval

1200 Lunch

1300 Organ Donation

1400 Pelvic Pain

1500 Trainee presentations UHS ICU/ Anaesthetics

**Welcome to Wessex – Wessex Deanery August 2018**

**RTD 11 (Salisbury) Dr Sarah Assheton Hosting – w/c 17th September 2018,  
Emergency Medicine / AM**

1000 Pulmonary Embolism

1100 Risk management / SUIs / Complaints

1200 Lunch

1300 The confused patient

1400 Joint aspiration

1500 Trainee presentations Salisbury EM/AM

**RTD 12 (Deanery) – w/c 15 October 2018, Trainee Rep and Mr Lee Gray hosting**

1000 Trainee presentations - Portsmouth / Southampton trainees

1200 Lunch

1300 Trainee presentations - Poole / Salisbury trainees

1400 Ballistics and blast injury

**RTD 13 (Portsmouth) Dr Scott Bird / Dr Kathy Torlot hosting– w/c 19 November 2018 - ICU / Anaesthetics**

1000 Legal frameworks (to cover Death certificates, the coroner, Child protection, mental health legislation)

1100 Sepsis, shock and SIRS

1200 Lunch

1300 Alcohol and brief intervention teams

1400 DNAR orders and capacity

1500 Trainee presentations - Portsmouth ICU / anaesthetics

**RTD 14 (UHS) Dr Kate Akaster hosting– w/c 10 December 2018, AM/ Emergency Medicine**

1000 GMC guidance on ethical research

1100 Evidence and guidelines – study methodologies, principles of critical appraisal, levels of evidence

1200 Lunch

1300 Patient safety projects update - trainee presentations

1400 Non cardiac chest pain

1500 Christmas quiz!

**RTD 15 (Poole) Dr Spike Briggs hosting– w/c 14th January 2019, ICU / Anaesthetics**

1000 Communication skills

1100 Difficult Airways

1200 Lunch

1300 Coma management and progress in ICM

1400 The poisoned patient

1500 Paediatric trauma

1600 Trainee presentations Poole ICM/ anaesthetics

**RTD 16 (Salisbury) Dr Ben Siggers hosting- w/c 18 March 2019, Anaesthetics / ICM**

1000 Simulation cases – learning from SIRIs

1100 Medical leadership and decision making

1200 Lunch

1300 Jaundice

1400 Acute diarrhoea / GI loss

1500 Trainee presentations Salisbury An / ICM

**RTD 17 (Portsmouth) Dr Steve Hill/ Dr Michaela Iadarola hosting- w/c 22nd April 2019, Acute Medicine/ EM**

1000 Antibiotic policy and Public health

1100 Child protection

1200 Lunch

1300 "Personal behaviour" –scenarios covering GMC guidance

1400 HIV and the sick patient

1500 Trainee presentations Portsmouth AM/ EM

**RTD 18 (UHS) Dr Kathy Nolan hosting– w/c 20<sup>th</sup> May 2019, ICU/ Anaesthetics**

1000 Management of adult major trauma

1100 Paediatric emergencies

1200 Lunch

1300 The European law and EWTD

1400 Oesophageal injury

1500 Patient safety / trainee presentations

**RTD 19 (Poole) Mr Lee Gray hosting – w/c 17<sup>th</sup> June 2019, EM/ Acute Medicine**

1000 organ donation

1100 Palpitations and the use of Echocardiography

1200 Lunch

1300 Mechanical falls and how to work with OT/ Physio

1400 Wounds and their management

1500 Pre ARCP update

**RTD 20 (Deanery) – w/c 8<sup>th</sup> July 2019, Trainee Rep and Mr Lee Gray Hosting**

1000 Case presentations by trainees - UHS / Portsmouth trainees

1200 Lunch

1300 Case presentations by trainees - Poole/ Salisbury trainees

1400 Missed fractures – system to detect error

1500 PV bleeding