Preparing for your ACCS ARCP

*Updated September 2011*

(Gary Cumberbatch TPD ACCS)
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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 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 their ARCP in person.

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. 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.

They will have already reviewed the documents you sent to the Deanery and looked at your e-portfolio (or paper portfolio for Anaesthetics trainees) 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!

The panel will explain the outcome you will receive and if necessary detail any outstanding documentation to be submitted.

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 reflective diary. For those with an e-
portfolio we would encourage you to write in the area specifically assigned for this (PDP – personal development plan).

Where this is other than an outcome 1 (satisfactory to continue to next stage) 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.

For those with an e-portfolio this 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, 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.

We would encourage you to attend in formal attire.
2) Using the correct paperwork

For those with e-portfolio the best way is to complete the forms electronically.

All forms are in Appendix 2 of the College of Emergency Medicine Curriculum (www.collemergencymed.ac.uk). Only some of the forms are actually in the ACCS Curriculum May 2010.

For Anaesthesia and Intensive Care the Appendix 2 forms 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.

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 to 10
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 e-portfolio your clinical supervisor is encouraged to input the results of the MSF on to the e-portfolio which will generate a summary of your MSF. **It is the summary that the panel will review.**

For those without an e-portfolio, your clinical supervisor needs to collate the responses and write a summary.

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 from Appendix 2 which is paper-based.

For Emergency Medicine this is on **pages 111-115**

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 E-PORTFOLIO AS IT DOES NOT HAVE THESE CORE COMPETENCES ON IT!

This form should then be uploaded to your e-portfolio and placed in your personal library, saved as STR Emergency Medicine and the date the post was completed e.g. August 2011 – February 2012.

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 from Appendix 2 which is paper-based.
For Medicine this is on pages 116-120

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 E-PORTFOLIO AS IT DOES NOT HAVE THESE CORE COMPETENCES ON IT!

This form should then be uploaded to your e-portfolio and placed in your personal library, saved as STR Medicine and the date the post was completed e.g. February 2012 – August 2012.
**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 or the ACCS curriculum as they are currently outdated.

**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 from Appendix 2 which is paper-based.

For Anaesthetics this is on **pages 121-125**

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 E-PORTFOLIO AS IT DOES NOT HAVE THESE CORE COMPETENCES ON IT!

This form should then be uploaded to your e-portfolio and placed in your personal library, saved as STR Anaesthetics and the date the post was completed e.g. August 2011 – February 2012.

**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 so 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 from Appendix 2 which is paper-based.

For Intensive Care this is on **pages 126-129**.

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 E-PORTFOLIO AS IT DOES NOT HAVE THESE CORE COMPETENCES ON IT!
This form should then be uploaded to your e-portfolio and placed in your personal library, saved as STR Intensive Care Medicine and the date the post was completed e.g. February 2012 – August 2012.
3) ARCP CHECKLISTS

Wessex ACCS ARCP CHECKLIST (Updated March 2011)

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

MEDICINE

Ed supervisor completed and signed structured training report  Y  N
Completed a personal development plan for identified deficiencies **  Y  N
Completed a minimum of 14 WPBAs as follows:

3 Mini CEX  Y  N
3 CBD  Y  N
3 ACATs  Y  N
5 DOPS  Y  N
Successfully completed at least 2 Major presentations  Y  N
Successfully completed at least 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 and 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 OR
demonstrate plan to sit/resit the exam  Y  N
In date for all appropriate Life Support courses  Y  N
**EMERGENCY MEDICINE**

Ed supervisor completed and signed structured training report  | Y | N
Completed a personal development plan for identified deficiencies **  | Y | N
Completed a minimum of 13 WPBAs as follows:

<table>
<thead>
<tr>
<th>WPBA Type</th>
<th>Completed</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Mini CEX</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3 CBD</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>1 ACAT-EM</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5 DOPS</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

- 4 Mandatory DOPS: Airway maintenance  | Y | N
  - Primary survey trauma patient       | Y | N
  - Wound management                    | Y | N
  - Fracture/ joint manipulation        | Y | N

Successfully completed at least 2 Major presentations with Consultant  | Y | N
Successfully completed at least 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 minimum of 10 Acute presentations using WPBAs  | Y | N
Completed a minimum 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 and ideally closed the loop (not essential) Y N
(only necessary if not done in Medicine)
Completed a patient safety project  (if not done in Medicine) Y N
For EM/AM trainees, to have successfully passed MCEM A/ MRCP 1 OR 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 e-portfolio 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 March 2011)

#### GENERIC:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered with your base specialty College</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>CT1: Achieved 50% of the 25 Core competences to level 2 *</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>CT2: Achieved &gt; 50% of the 25 Core competences to level 2</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

#### INTENSIVE CARE MEDICINE

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ed supervisor completed and signed structured training report</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Completed a personal development plan for identified deficiencies **</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Achieved Basic Level competence in ICM</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Successfully completed a minimum of 13 WPBAs as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Mini CEX</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4 CBDs</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6 DOPS</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Successfully completed <strong>at least</strong> 2 Major presentations</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Completed a satisfactory logbook of cases seen in ICM</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Cases documented in the logbook have an appropriate case-mix</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>No patient identifiable material in logbook</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Completed an audit and ideally closed the loop (not essential)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Completed a patient safety project or some form of PS activity</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>For CT1 trainees, attended a one day patient safety day</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Completed a MSF with a summary by the Ed Supervisor (&gt; 11 replies)</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

*For EM/AM trainees, to have successfully passed MCEM A/ MRCP 1 OR demonstrate plan to sit/resit the exam*  
  | Yes | No |
|---------------------------------|-----|----|

*For Anaesthetic trainees to consider when they might sit the Primary FRCA*  
  | Yes | No |
|---------------------------------|-----|----|

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In date for all appropriate Life Support courses</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
ANAESTHETICS

Ed supervisor completed and signed structured training report Y N
Completed a personal development plan for identified deficiencies ** Y N
Successfully gained a Certificate of Initial Assessment of Competency Y N

Completed a minimum of 17 WPBAs as follows:

5 Mini CEX Y N
7 CBD Y N
5 DOPS Y N

Have also completed additional WPBAs OR have recorded learning outcomes in each of the following:

- Anaesthesia for emergency surgery Y N
- Conscious sedation Y N
- Regional anaesthesia Y N
- Completed a satisfactory logbook of cases Y N
- Have documented an appropriate case-mix Y N
- No patient identifiable material in logbook Y N
- Completed an audit and 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
  (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

For Anaesthetic trainees to consider when they might sit the Primary FRCA 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 e-portfolio or written for those where this is not available electronically).
4) Your Portfolio

You are strongly encouraged to create a paper-based portfolio alongside your e-portfolio. 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 (e.g., 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

5) 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 e-portfolio 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 e-portfolio 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 Ben Fleat or Karen McCarthy.
For Emergency Medicine trainees the e-portfolio 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 e-portfolio

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 e.g. “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 e.g. 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 you not completing the requirements.

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

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 late June/ early July) as we feel there is value in meeting trainees face-to-face.

In exceptional circumstances where 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/ e-portfolio 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!

**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 e-portfolio.

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.

Bring your portfolio with you on the day with all the originals so if any evidence is required you can easily provide it.

ARCP OUTCOMES

<table>
<thead>
<tr>
<th>Recommended Outcomes from Review Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Satisfactory Progress</strong></td>
</tr>
<tr>
<td>1. Achieving progress and competences at the expected rate</td>
</tr>
<tr>
<td><strong>Unsatisfactory or insufficient evidence</strong> <em>(Details provided on supplementary sheet overleaf. The panel will also meet with the trainee.)</em></td>
</tr>
<tr>
<td>2. Development of specific competences required – additional training time not required</td>
</tr>
<tr>
<td>3. Inadequate progress by the trainee – additional training time required</td>
</tr>
<tr>
<td>4. Released from training programme with or without specified competences</td>
</tr>
<tr>
<td>5. Incomplete evidence presented – additional training time may be required</td>
</tr>
<tr>
<td><strong>Recommendation for completion of training</strong></td>
</tr>
<tr>
<td>6. Gained all required competences</td>
</tr>
<tr>
<td><strong>Outcomes for trainees out of programme or not in run-through training</strong></td>
</tr>
<tr>
<td>7.1 Satisfactory progress in or completion of the LAT / FTSTA placement.</td>
</tr>
<tr>
<td>7.2 Development of Specific Competences Required – additional training time not required LAT / FTSTA placement</td>
</tr>
<tr>
<td>7.3 Inadequate progress by the trainee – additional training time required LAT / FTSTA placement</td>
</tr>
<tr>
<td>7.4 Incomplete Evidence Presented - LAT / FTSTA placement.</td>
</tr>
<tr>
<td>8. Out of programme; <strong>OOPE</strong> (Experience); ☐ <strong>OOPR</strong> (Research); ☐ <strong>OOPC</strong> (Career Break) - ☐</td>
</tr>
</tbody>
</table>

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 e.g. missing a DOPs and a mini-CEX.

Outcome 2 is given where there are 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:
- Ill health (for a significant period of training time)
- 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

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 clinical supervisor and/or the Deanery where there is still uncertainty of what is required of you.