Appendix 1 – RCOphth ARCP 2020 – required evidence grid

Essential for Outcome 10.1 or Outcome 10.2 (COVID)

Additional evidence essential for Outcome 6

Progression Point	Form R and Trainee self-declaration form	Educational Supervisor Reports	Clinical Supervisor Reports	Examinations	CbDs	CRS, DOPS, OSATS	EPA1	MSF	Reflections	Surgical numbers	Other evidence	Clinical exposure
ST1 to ST2	**Required**	**Minimum of 2 reports.** **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.**	n/a	There is no minimum requirement for Outcome 10.1, but there should be **evidence of engagement with the portfolio** across all WBAs.	There is no minimum requirement for Outcome 10.1. However, it would be expected that a significant number of WBAs would have been completed early in ST1. Where this is not the case, the CS and ES reports should be used to guide the Outcome decision. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	n/a	Not essential for an Outcome 10.1, but should be taken into account where present.	Reflections are encouraged and can be used to reflect on generic professional skills developed in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	n/a	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.	Does the next planned post need to be adjusted? If so, add to the Action Plan.

ST2 to ST3	**Required**	**Minimum of 2 reports.** **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.**	FRCOphth Part 1 - where not achieved 10.1 can be awarded & exam can be added to Action Plan for ST3.	There is no minimum requirement for Outcome 10.1, but there should be **evidence of engagement with the portfolio** across all WBAs.	There is no minimum requirement for Outcome 10.1. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	n/a	Not essential for an Outcome 10.1, but should be taken into account where present.	Reflections are encouraged and can be used to reflect on generic professional skills developed in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	There is no requirement for 50 cataracts to award an Outcome 10.1. However, surgical progress should still be judged from CS reports where the numbers are not achieved. It should be added to the Action Plan that at least 50 cataracts must be completed for progression at the subsequent ARCP.	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.	Does the next planned post need to be adjusted? If so, add to the Action Plan.
ST3 to ST4	**Required**	**Minimum of 2 reports.** **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.**	Refraction Certificate - where not achieved 10.1 can be awarded and exam can be added to Action Plan for ST4.	There is no minimum requirement for Outcome 10.1, but there should be **evidence of engagement with the portfolio** across all WBAs.	There is no minimum requirement for Outcome 10.1. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	n/a	Not essential for an Outcome 10.1, but should be taken into account where present.	Reflections are encouraged and can be used to reflect on generic professional skills developed in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	n/a	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in	Does exposure to a clinical special interest need to be repeated later in training? If so, add to the Action Plan.

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ST4 to ST5	**Required**	**Minimum of 2 reports.** **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.**	n/a	There is no minimum requirement for Outcome 10.1, but there should be **evidence of engagement with the portfolio** across all WBAs.	There is no minimum requirement for Outcome 10.1. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	No requirement	Not essential for an Outcome 10.1, but should be taken into account where present.	Reflections are encouraged and can be used to reflect on generic professional skills developed in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	n/a	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.	Does exposure to a clinical special interest need to be repeated later in training? If so, add to the Action Plan.
ST5 to ST6	**Required**	**Minimum of 2 reports.** **1 from each 6-month period confirming acceptable progression.**	**Minimum of 3 reports.** **2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.**	n/a	There is no minimum requirement for Outcome 10.1, but there should be **evidence of engagement with the portfolio** across all WBAs.	There is no minimum requirement for Outcome 10.1. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP.	No requirement	Not essential for an Outcome 10.1, but should be taken into account where present.	Reflections are encouraged and can be used to reflect on generic professional skills developed in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	n/a	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan.	Does exposure to a clinical special interest need to be repeated later in training? If so, add to the Action Plan.

ST6 to ST7	Required	Minimum of 2 reports. 1 from each 6-month period confirming acceptable progression.	Minimum of 3 reports. 2 from 1st 6-month period, 1 from 2nd 6-month period confirming acceptable progression.	n/a	There is no minimum requirement for Outcome 10.1, but there should be **evidence of engagement with the portfolio** across all WBAs.	There is no minimum requirement for Outcome 10.1. Outstanding CRS, DOPS and OSATS should be documented in the Action Plan to be completed for the subsequent ARCP. Where a trainee will be embarking on a TSC in the next training period, an arrangement should be secured to ensure that the trainee will be able to achieve these competencies prior to the end of ST7. Where this is not possible an Outcome 10.2 may be necessary to extend training before the start of the TSC.	No requirement, but where a trainee will be embarking on a TSC in the next training period, an arrangement must be secured to ensure the trainee can complete these assessments prior to the end of ST7. Where this is not possible an Outcome 10.2 may be necessary to extend training before the start of the TSC.	Not essential for an Outcome 10.1, but should be taken into account where present.	Reflections are encouraged and can be used to reflect on generic professional skills developed in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	No requirement for ST6, but plans must be in place to ensure the trainee will achieve targets by the end of ST7. This will be particularly important where the trainee is expected to embark on a TSC. Where this is not possible an Outcome 10.2 may be necessary to extend training before the start of the TSC.	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. Where action is required in the subsequent training year, this should be recorded in the Action Plan. For trainees who will be embarking on a TSC, there should be an agreement in place to ensure they have the opportunity to address any outstanding training needs prior to the end of ST7.	Does exposure to a clinical special interest need to be repeated later in training? Consider whether a 10.2 is necessary at this stage to extend training before the TSC period. Amend the Action Plan.

End of ST7	Required	Minimum of 2 reports. 1 from each 6-month period confirming acceptable progression.	Minimum of 3 reports. 2 from 1st 6-month period and 1 from 2nd 6-month period confirming acceptable progression.	Final Fellowship exam, written and clinical, are required for an Outcome 6. Where not achieved because of COVID-19 an Outcome 10.2 should be awarded to allow time to take the examinations at the next sitting.	A minimum of 5 CbDs must have been satisfactorily completed to award an Outcome 6. There is no minimum number for Outcome 10.2.	There is no minimum requirement for an Outcome 10.2 Outstanding CRS, DOPS and OSATS should be documented in the Action Plan together with the length of extended training. All CRS, DOPS and OSATS must be completed for Outcome 6.	2 EPAs are preferred for an Outcome 6. Where only 1 has been formally completed, due to restrictions resulting from COVID-19, a testimonial from a clinical supervisor can be used as compensatory evidence for the second. If neither EPA has been formally completed- an extension to training is required.	MSF is not essential for an Outcome 6 providing the previous MSF has not indicated any unresolved issues.	Reflections are encouraged and can be used to reflect on generic professional skills developed in this time and mapped to the appropriate Learning Outcomes. There is no requirement, however.	350 cataracts, 20 strabismus, 40 oculoplastic, 30 glaucoma procedures and 40 retinal laser procedures are all required. As well as assists in 3 ptosis, 6 corneal graft and 20 VR procedures for Outcome 6. A 50 consecutive case audit of cataract surgery is required. No minima are required to award Outcome 10.2. The resulting Action Plan must be specify the time required for extension of training.	Other evidence such as QIP projects, audit, research, CPD, letters of thanks or complaints should be considered in the usual way. There must be sufficient evidence for all Learning Outcomes in the curriculum for an Outcome 6. An Outcome 10.2 may be awarded where this is not the case, with the competencies required clearly stated in the Action Plan.	If exposure to a clinical subspecialty needs to be repeated to achieve curricula requirements - award Outcome 10.2 and record in the Action plan. If curricula requirements are achieved, but further TSC experience is desirable to allow the trainee to progress into a consultant or Fellowship post, an Outcome 6 can be awarded and further TSC experience planned during the Period of Grace.