**A Guide to the Annual Review of Competencies Assessment ARCP**

The ARCP is the big review of how you are progressing in your Ophthalmology Training to see if you are achieving the expected goals at the accepted standard. It is not an assessment, it is a review of the assessments you have already done. It also forms part of the revalidation process for the GMC.

It should be the completion and validation of a process that has been going on all year. For it to go smoothly, you should have been planning for it throughout the year.

**What is expected from me at each year of training?**

A detailed list of the requirements for each year can be found on the College website on this link: <http://curriculum.rcophth.ac.uk/assessments/rita_guide>

In practical terms, it means that for that year’s ARCP, all the competencies on your eportfolio must be “green” and you must have completed all your CBDs (minimum 10 passes but no limit on how many you do) and have an MSF for the year

**When is the ARCP held?**

There are 2 ARCPs per year 1 in late May/early June and 1 in early December. New trainees will be seen first in May/June and this means there is less than 12 months to acquire all the ST1 competencies. Trainees returning to work after a leave of absence will be assessed at the net ARCP after their return to work

What documents need to be on my Portfolio:

* ESR Parts 1 (A and B1) and 2 (A and B2)
* Clinical Supervisor Reports for all clinical placements throughout the year (1 for each sub-speciality placement)
* All Work-based assessments and Clinical Based Discussions with good spacing throughout the year and no “bunching”
* MSF
* Completed logbook Documentation of PC rupture rates and how many were managed by the trainee. (This can just be filled-in on the ESR but it is good practice to include the Eyelogbook +/- its complication summary.)
* Evidence of participation in an audit
* Certificates from all courses/study leave
* Evidence of use of RSTA time (Educational Agreement)
* Proof of 10 hours of usage of the Simulator: Simulator log printed off the machine +/- evidence of supervising other trainees on the simulator.
* Evidence of exam passes
* Proof of any articles either submitted, accepted for publication or published.
* Thank-you letters
* Form R
* Evidence of complaints, including how they have been addressed and a reflection of what was learnt from them
* Evidence relating to any SUI, including how they have been addressed and a reflection of what was learnt from them

**Who will assess my portfolio?**

There will be a panel including

The Training Programme Director TPD

A Deanery Representative: usually the Head of the School of Ophthalmology

The College Tutor

A Lay Representative

+/- Some Educational Supervisors

+/- The Regional Advisor

This is a big, complex process to organise so there can be no last minute change of date and you should know the date a long time in advance.

Every single piece of information on your portfolio has to be reviewed by a panel member, which is time-consuming and is why all your submissions HAVE to be uploaded a minimum of 1 week before the ARCP. To assess the information in the portfolio, there is a check-list used by that panel member who uses it to summarise the information for the rest of the panel. ***See Appendix 1***

The final decision is made by the panel collectively and a Royal College Representative will be there not to assess the trainees but to make sure the process is fair to all.

**What are the possible Outcomes?**

**Outcome 1**: This means you have made the appropriate progress for your last year of training (or last period of training) and can be assessed again in 12 months time. This usually means you move up to the next level of training, but not necessarily so for a trainee working less-than-full-time.

**Outcome 2**: This Outcome means that there is some aspect of your training that needs to be addressed but it is expected that it can be, without you needing an extension to the length of your training. It also means that a targeted plan and appropriate support must be put in place to help you achieve this. Examples might be slow progress with cataract surgery and the targeted plan for the next 6 months might be extra surgical sessions. This means coming back to the next ARCP in 6 months to see if you are back on course. Other examples might be an incompletely filled-in ES report, submitted after the 1 week deadline…in which case you would be invited to do the process again, correctly, in 6 months.

At the following ARCP the only possible Outcomes are 1 or 3, it is not possible to “extend” an Outcome 2.

**Outcome 3**: This means some deficiency in competencies that the panel thinks will need an extension of your training time for you to achieve. The most common reason is failure to pass the exams by the target time (Part 1 by end of ST2, Refraction by end of ST3, Part 2 before completion of training.) Again a targeted plan is needed and review at the next ARCP in 6 months. It is unlikely this Outcome would be extended for more than 1 year of extra training.

**Outcome 4:** Exit from the training programme due to failure to progress satisfactorily. This would always be preceded by an Outcome 3. Trainees always have to be warned, in advance, of any potentially “bad” outcome. There is the potential for the trainee to bring representation to this ARCP and there is a Deanery process of appealing this Outcome.

**Outcome 5**: This is only given if the panel cannot reach a conclusion because a piece of evidence is missing and the trainee will have 2 weeks to produce that evidence. This is usually the result of poor planning by the trainee and similar poor planning at the next ARCP is likely to be given an Outcome 2.

**Outcome 6:** Completing of ALL competencies with recommendation to the College to grant the trainee their CCT.

**Will I have to appear in person?**

It is not strictly necessary for the panel to meet all trainees who are to be given Outcome1 but they do have to meet any who have issues to be addressed and in a small rotation like South Yorkshire, the panel tries to see all trainees in person. Practically it is better not to organise annual leave at this time in case appearing in person becomes mandatory.

**How should the educational supervisor report form be completed?**

* There will be a version of the ES form for each 6 month rotation.
* Part A is always completed by the trainee
* Part B1 or Part B2 is completed by the educational supervisor dependent on whether it is the 1st or 2nd 6 month rotation since the last ARCP.
* Upload the 1st rotation form with A + B1 to the
* Upload the 2nd rotation form with an updated A + B2

**What is Form R part B?**

* Form to declare probity/complaints/SUIs (see later.)
* Annual GMC requirement
* Get it from the [Yorkshire school of ophthalmology website](http://www.yorksandhumberdeanery.nhs.uk/specialty_training/registering/)
* Upload it as a resource
* If you are ST1, you will also need to upload a copy of FACD 5.2 and your degree certificate.

**How do I make a personal development plan?**

* Prepare and discuss your PDP with your clinical and educational supervisors at the start of a new rotation.
* Make your targets achievable and evidence-able
* Consider targets that cover syllabus/training requirements (eg learn to examine the fundus competently OR pass part 1 exam OR achieve 10 hours on the simulator)
* On the ePortfolio make 1 PDP per rotation - then within that PDP specific goals can be made (NOTE: it is set out differently to the foundation programme portfolio)
* Take a note of what you need to provide as evidence of completing your PDP
* You can link portfolio items to your PDP goals.

**How many case based discussions do I need to do per year?**

* Minimum 10 passes required for each year.
* Need to be spaced out.
* Cover topics from the curriculum - over the training programme you will need to evidence CBDs for all common clinical scenarios. (<http://curriculum.rcophth.ac.uk/study-guide/scenarios>)
* You must not leave the final boxes blank. Come up with some action point and provide evidence for having acted.
* To complete the form: EITHER fill it in together OR by yourself and then send the completed form to the assessor.
* Can be done with senior trainees as assessor, but majority should be with consultants.

**What workplace based assessments are required?**

* OSATS = objective structured assessment of technical skills
* DOPS = Direct Observation of Procedural Skills
* CRS = Clinical rating scale
* Requirements vary depending on year. See <http://curriculum.rcophth.ac.uk/assessments/rita_guide>.
* 2 of each are required - they turn ‘green’ on summary page when complete. (On the portfolio go to ‘progress’ > ‘list ARCPs’ > ‘review progress’.)
* DOPS and CRS do not have to be on a patient - can be volunteer or wet lab.
* Beware assessments with multiple subdivisions. For example, CRS 10 fundus examination in ST2 - need to evidence all 4 methods twice either as 8 assessments or as 2 assessments that cover all 4 subsets, or any combination. These will turn ‘green’ after 2 passed assessments, but it may not be complete.
* DOPS - include what it is in the title.
* DOPS and OSATS require you to ‘associate’ it afterwards for the portfolio to recognise it in your ARCP. For OSATS it will be from the SS (surgical skills) column and for DOPS it will be from the PS (practical skills) column. Don’t get things mixed up eg you need SS1 for surgical skills, but SS4 for cataract surgery. Select the correct association for your current ARCP requirements.

**How do I get multisource feedback AKA 360 degree appraisal?**

* Need mixture of appraisers - up to 15, but require minimum of 11 *respondents* for it to be valid.
* Get list of email addresses, full names and job titles for staff who are not portfolio assessors (eg most nurses and all admin staff)
* Upload the list to the portfolio
* Ask your educational supervisor to review and approve the list on their portfolio login, once they do this, it is sent out automatically.
* MSF will close after 1 calendar month or when all appraisers have responded, whichever occurs first. (NOTE: Unlike the foundation portfolio you cannot send email reminders, add or change appraisers or close the MSF early.)
* Time it so it is complete well in advance of your final ES meeting
* For ARCP in May/June you need to be sending the MSF out at least by February/March.
* The results need to be reviewed by the ES and potentially extra work done to address any issues raised. If this happens, you might need to repeat the MSF before the ARCP to show they have been addressed.

**Who needs to complete clinical supervisor report forms for me?**

* The college requirements stipulate a minimum of 2 (because some units will only have 1 or 2 clinical supervisors ), but the Deanery insist on a CSR from all consultants who you work with on a rotation.
* Unless they only supervise you on an operating list, in which case an OSATS is sufficient.
* There should be comments in the boxes and not just ticks.
* Upload the .doc as a ‘resource’ and label it CSR with the initially of the CS
* Ensure all CSR forms are complete before ES meetings.

**How do I evidence my surgical logbook?**

* You will be using eyelogbook.co.uk as your surgical logbook.
* There is a summary sheet in ES form Part A that needs completing. (From the eyelogbook you can ‘view summary’ and filter ‘group by RCOphth category’ and then just fill this data into the relevant page on ES report part A.)
* Secondly, upload an up to date excel eyelogbook summary as a resource. These are sent out weekly by email from eyelogbook.co.uk
* Therefore, keep the eyelogbook up to date.
* You will need to keep track of your PCRs and the takeover rate (after PCR) somewhere.

**How do I evidence my simulator time?**

* Need 10 hours of ‘game time’ which equals ~15 hours of actual time in the simulator room.
* Tip: always work on your own log in.
* To provide evidence of your simulator usage, export a summary report. Insert your USB stick into the back of the simulator or the USB head socket. Then export from the home page. If export is greyed out, check your USB is in properly or be patient and wait a minute. Then upload this pdf report as your evidence of 10 hours on the simulator.
* You can ask senior trainees to supervise you on the simulator. They can also log that time towards their 10 hour requirement - send an email afterwards with time spent supervised so they can upload the email as evidence.
* Ask other trainees for simulator tips.

**What evidence do I need to provide for study days?**

* Check the compulsory study days early (see [deanery website](http://www.yorksandhumberdeanery.nhs.uk/ophthalmology/educational_programme/compulsory_study_days/)) and arrange study leave.
* For every study day you need to complete a CPD personal event report on the portfolio - this is an ARCP requirement
* CPD > Add a personal event
* Make the event status ‘Open’. Cat A for local teaching, cat B for external study days.
* Tick the box for ‘Add your review’ and fill in the boxes. In ‘points’: 1 hour = 1 point. Then link it to your ARCP after saving it.
* Upload the certificate of attendance as a resource.

**What evidence do I need to provide regarding postgraduate teaching? (PGT)**

* Wednesday afternoons
* Always sign in when you attend
* When you present, upload a copy of the powerpoint as a resource
* As above: For every PGT you need to complete a CPD report on the portfolio, including reflection on learning - this is an ARCP requirement
* Near the ARCP email Mel Froggatt and ask for a copy of your PGT attendance and she will email it to you - upload this as a resource and do the maths to fill in the relevant boxes on ES form part A **OR use the completed CPD record to show your ES your attendance**.
* If you do any other teaching, eg medical students, get feedback and upload a summary .doc of the feedback received as evidence.

**How do I document reflections on the portfolio?**

* A reflection is not just documentation about what happened but, analysis of contributing factors and what you have learnt and how you will change things in the future.
* You are obliged to reflect on any patient complaint or serious untoward incident.
* Reflect on any unusual or useful learning experiences, and any error or near miss. NOTE: there is not a ready made form, as in the foundation programme but it can be added to the Events section under “Clinical and Academic Self Accredited”
* Reflect on what you have learnt in the ‘Events” section of the eportfolio whe you record your CPD
* An alternative is to write your reflection as a .doc and upload it as a resource
* Remember to provide evidence of any action points you have acted upon.

**Can I include any thank you letters** **(and positive emails)?**

* Scan or upload these as a resource
* Title as ‘thank you letter’
* May be from patients or consultants
* MAKE SURE THERE ARE NO PATIENT-IDENTIFIABLE DETAILS

**What about non-ophthalmology achievements?**

* It is not expected that you spend 100% of your time living, eating and sleeping ophthalmology.
* There is a box on the ES form part A to document ‘Other’ achievements.
* Remember to provide some evidence on the portfolio, where possible. Again, upload it as a resource.

**How do I organise my eportfolio for it to be easy for my assessors to see what I have done?**

When associating items with an ARCP, if this is left till close to the ARCP it can be done systematically i.e. all ES reports together, all CS report together etc. so it looks logical and is easy to follow.

**Summary of extra forms needed**

* Form R - deanery website
* ES form - college website
* CS form - college website
* PGT attendance record - Mel
* Eyelogbook - backup excel file gets sent out every Saturday morning by email

**General advice**

Don’t bunch assessments to the months before ARCP. Spread it out over the year. Everything needs to be uploaded 2 weeks before ARCP date.

Make yourself an electronic signature - ie a small jpeg of your signature.

Keep a list of outstanding assessments and get a mixture of trainees and consultants to assess you.

Keep an excel file detailing all leave (include type of leave and cover arranged). You will find it useful when filling in forms ready for the ARCP.

**ePortfolio advice**

When you upload something as a ‘resource’ on the portfolio, title it well! ie with a *date*, *what it is* (eg CS form) and *something relevant* (eg Mr X). Be systematic.

For something to be seen by your ARCP panel, it has to be assigned to the current ARCP. Sometimes the portfolio does it automatically, other times it doesn’t.

Associate as you go along. At the end of your training, you have to have amassed evidence for every curriculum point. After an ARCP is finished, you will not be able to make associations for those assessments. Don’t associate things that aren’t evidenced by the assessment.

If you do an assessment that is required for a higher ST level: When you enter a new assessment the first box is ‘Please select the stage for this Assessment:’ It will then tell you your current level. DO NOT just fill in your current level. Fill in the level at which the college requires you to be signed off for that particular task, that might mean you are filling in ST7 when you are an ST1, which feels really weird, but it is the only way you will be able to link it to your ARCP when you are ST7 or whatever. Leave it unlinked to an ARCP until you are at the relevant stage of training.

e.g. removing corneal suture is ST2 competency. If you are ST1 and you do this assessment, fill in OST2 as the stage for the assessment. Associate it as normal, but do not assign it to an ARCP. When you are ST2, then assign to your ST2 ARCP.

To be reminded of what is required for each level, follow this link: <http://curriculum.rcophth.ac.uk/assessments/rita_guide>

If you have already entered the wrong training level, email portfolio@rcophth.ac.uk and ask them to correct it for you.