

**Yorkshire and the Humber  
School of Paediatrics  
Annual Review of Competence Progression  
Standard Operating Procedure  
*Version 7 – 2018***

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### List of abbreviations

ACAT	Acute care assessment tool
ACF	Academic clinical fellow
ACL	Academic clinical lecturer
AD	Associate dean
ARCP	Annual review of competence and progression
CBD	Case based discussion
CCT	Certificate of completion of training
CEX	Assessment of Clinical examination
CS	Clinical supervisor
CSTR	Clinical supervisor's trainer's report
DiD	Doctor in difficulty
DOPS	Directly observed procedure
DOC	Document of correspondence
DME	Director of Medical Education
DVH	Don Valley House, Headquarters of Health Education England Yorkshire and Humber South
ES	Educational supervisor
ESTR	Educational supervisor's trainer's report
FT	Full time
F2F	Face-to-face ARCP
GPC	Generic professional capabilities
HAT	Handover assessment tool
HEE	Health Education England
LTFT	Less than full time
MSF	Multisource feedback
NTN	National training number
PDP	Personal development plan
PGD	Postgraduate Dean
PST	Programme support team
SLEs	Supervised learning events
SMART	Specific, measurable, achievable, relevant and time-bound
SOP	Standard operating procedure
ST	Specialty trainee
TPD	Training programme director

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***Supporting documents (separate documents on HEE Y&H website):***

ARCP e-portfolio review tools for level 1, level 2 and level 3

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## Foreword

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This Standard Operating procedure (SOP) for the conduct of the Annual Review of Competence Progression (ARCP) in the Yorkshire and the Humber region is published by the School of Paediatrics.

The guidance in this document is from the sources below:

1. A Reference Guide for Postgraduate Specialty Training in the UK. **The Gold Guide**. 7<sup>th</sup> Edition. Version GG7 31<sup>st</sup> January 2018
2. **ARCP Operational Guidance** Health Education England working across Yorkshire and the Humber. Date issued 20/07/2016
3. RCPCH Progress Paediatric curriculum for excellence **Assessment Strategy** Paediatric Specialty Postgraduate Training Version 1. (For implementation from 1<sup>st</sup> August 2018)

This SOP also includes guidance for specialty doctors in training on the evidence required in e-portfolio for a successful ARCP outcome. Several draft versions of this SOP were circulated to all the Training Programme Directors in the School of Paediatrics, a number of Paediatric Educational Supervisors in East, South and West Yorkshire, and the Speciality Trainee Representatives for the School of Paediatrics Board. Feedback from all these sources has been used to improve this SOP.

The target audience is listed below. The most relevant parts of this document for each section of the audience are noted in brackets.)

- a. Specialty Trainee years 1-8 doctors in Paediatric Specialty Postgraduate Training
- b. Clinical supervisors in Paediatrics (Sections 2.12, 8, 11, 18.1, 18.2 and 18.5)
- c. Educational supervisors in Paediatrics (Sections 2.13, 8, 11, 13.3, 18.1, 18.2 and 18.5)
- d. ARCP panel members (2.21, 3, 4, 6, 9.2, 10, 11)
- e. Training Programme Directors in Paediatrics
- f. Paediatric support team, Health Education England Yorkshire and the Humber Region

This SOP will be revised annually in March/April and will be published on the School of Paediatrics website. This version (October 2018) of the SOP **may be revised early** in response to guidance from the RCPCH and changes to RCPCH e-portfolio.

*Dr Rum Thomas*

Training Programme Director in Paediatrics, Health Education England Yorkshire and the Humber  
October 2018

**Standard Operating Procedure for Paediatric ARCPs in Yorkshire and the Humber**

This document sets out the Annual Review of Competence Progression calendar with details of the process for the School of Paediatrics in Yorkshire and the Humber. There is generic guidance on the ARCP process in the Gold Guide (January 2018) and ARCP Guidance from HEE (Y&H) July 2016.

The purpose of an ARCP is to assess the doctor's progression in training by reviewing evidence presented in the Specialty Trainee (ST) doctor's e-portfolio. All the evidence used to make a decision regarding the ARCP outcome must be known to the ST doctor. The ARCP panel discussion must be live (face-to-face/ video or teleconference). Remote ARCPs are held only in exceptional circumstances.

Is the ST doctor acquiring the competences expected

- (a) during each training year? and,
- (b) at each specific level of training?

If there is any concern about their progress, or need for additional training/ enhanced supervision, their e-portfolio must be reviewed by a face-to-face ARCP panel (section 5).

**1.1 Planning for ARCPs:**

**ARCP Training Programme Directors:**

Publish updated ARCP Standard Operating Procedure and ARCP review tools on the School website in March/ April each year.

ARCP briefing for TPD ARCP panel chairs at Spring School of Paediatrics Board meeting to ensure consistency in assessments.

**Programme Support Team:**

Commence planning for ARCPs in August for the next year.

Summer: 20 routine (remote) panels (16 doctors/ panel) in June, 8 face-to-face panels (12 doctors/ panel) in July, and 2 face-to-face panels in August to review June Clinical examination results.

Winter: routine ARCPs 7 panels, 4 face-to-face panels

Monthly panels: end of training level ARCPs for less than full time (LTFT) doctors, before break from training for OOP, after each MRCPCH examination result is announced, and face-to-face ARCP panels for doctors with additional training needs - Location East/ South/ West



**ARCP Panels:**

Aim for 10% panels for outcome 1, 2, 5 and 6 to have this constitution for quality assurance:

1. Two TPDs per panel to ensure consistency amongst panel chairs
2. An External panel member (College representative)
3. A Lay Advisor

All panels that issue outcome 3 or 4, or are undertaking a review of an outcome 2 to issue any outcome that is not 1 or 6 must have an Associate Dean and Lay Advisor.

ARCP panel members must not assess a doctor if they are the doctor’s clinical or educational supervisor, or if they have a conflict of interest (this may include TPDs who have been providing additional support).

**1.1 Timings of ARCPs**

All doctors in training must have an annual (every 12 calendar months) ARCP. For doctors in full time training the annual ARCP will be at the end of each training year, and each training level.

**1.2 Timings of ARCPs: doctors in less than full time training**

Doctors training less than full time must have an *annual ARCP (every 12 calendar months)*, and additionally an *end of training level ARCP*. The *end of training level ARCP* considers the training level in its entirety. If the annual ARCP is not at the end of a training level, the ARCP panel must clearly state what competences need to be achieved in the remainder of the training year, and set the doctor SMART objectives, and specify the evidence to be presented for the *end of training level ARCP*.

<b>% Time training</b>	<b>Months covered at 12 month review</b>	<b>Timing of routine annual ARCP</b>	<b>End of training year ARCP (approximate timings)</b>
100%	12 months	Approximately 12 monthly	One ARCP per training year
90%	10.8 months	Approx. 13.3 months (57.7 weeks)	One ARCP per training year
80%	9.6 months	Approximately 15 months (65 weeks)	One ARCP per training year
70%	8.4 months	12 months after start of training year	5.14 months after annual ARCP
60%	7.2 months	12 months after start of training year	8 months after annual ARCP
50%	6 months	12 months after start of training year	12 months after annual ARCP

### **1.3 Timing of ARCPs: doctors who are Out of Programme (OOPC/E/R)**

An ARCP must be completed before any doctor takes a break from training for OOP. This is scheduled when the doctor gives notice for OOP/E/R. This may not always be possible for OOP for parental leave or long term sick leave as prior notice may not be given.

After return to work, a non-assessment ARCP form is completed for the period out of training. The next ARCP to review training will be 12 months calendar months after their previous ARCP which reviewed training or at the end of the doctor's training year – whichever is earlier.

ARCPs are not undertaken when a doctor is not in training (OOPC/E/R or long term sick leave). A non-assessment form is completed (ARCP outcome 0 with an appropriate N code).

### **1.4 Request for early ARCP for “acceleration through training”**

If a doctor wishes to complete a training year earlier than the expected date, s/he should discuss this with their educational supervisor. If appropriate, the educational supervisor will liaise with the TPD to request an ARCP. The TPD will arrange an early ARCP there is evidence of progress exceeding the expected standard.

**School of Paediatrics Standard Operating Procedure for ARCPs October 2018 V7**

**1.5 ARCP Calendar:**

<b>Date</b>	<b>Routine ARCP reviews</b>	<b>ST doctors</b>	<b>Location</b>	<b>Panel members*</b>
June wk 1 (5d)	Routine	End of level: ST8, ST3, ST5	DVH	TPD, 2 x ES, Lay member in 10% (2 panels/day)
June wk 2 (5d)	Routine	ST1 & ST2, ST4	DVH	TPD, 2 x ES, Lay in 10% (2 panels/day)
June wk 3 (5d)	Routine	ST6 & 7, ACFs, ACLs	DVH	TPD, 2 x ES, Academic rep, Lay member in 10% (2 panels/day)
July wk 2	ARCP 5 reviews	ST1-8	Virtual	TPD (panel chair)
Dec wk 1-2 (2d)	Routine for Feb starters	ST1-8	DVH/Leeds/ Hull	TPD, 2 x ES
Jan wk 2	ARCP 5 reviews	ST1-8	Virtual	TPD (panel chair)

<b>Date</b>	<b>Face-to-face ARCP panels</b>	<b>ST doctors attend</b>	<b>Location</b>	<b>Panel members</b>
July wk 3-4 (3d)	Anticipated ARCP 2, 3, 4	ST1-8	DVH/Leeds/ Hull 1 day each at HEE	Local ARCP TPD, 2 x ES, AD, Lay (PST for minutes)
Jul wk 4 - Aug wk 1 (1.5d)	June exam failure, DiDs	ST3, DiDs	DVH/Leeds/ Hull 0.5 day each	Local ARCP TPD, 2 x ES, AD, Lay (PST for minutes)
Nov wk 4 (1d)	Oct exam failure, DiDs	ST3, DiDs	DVH/Leeds/ Hull 0.5 day each	Local ARCP TPD, 2ES, AD, Lay (PST for minutes)
Jan wk 3 (1.5 d)	ARCP 2, 3, 4	ST1-8	DVH/Leeds/ Hull 0.5 day each	Local ARCP TPD, 2 x ES, AD, Lay (PST for minutes)
Mar wk 4 (1d)	Feb exam failure, DiDs	ST3, DiDs	DVH/Leeds/ Hull	Local ARCP TPD, 2 x ES, AD, Lay (PST for minutes)

## **2. PLANNING AND PREPARATION FOR ROUTINE ARCPs:**

### **2.1 Prior planning for routine ARCPs**

#### **2.1.1 Planning by Doctors in training:**

- Aim to use your e-portfolio as an on-line “learning log” – evidence of gaining competences: SLEs and entries in the development and skills must be spread out through entire training time demonstrating up-to-date learning in the e-portfolio – see guidance (18.1 and 18.2) on maintaining an up to date e-portfolio
- SLEs completed in a short space of time, relatively close to the ARCP may be judged to demonstrate lack of engagement and to not therefore be satisfactory progress
- Use ARCP review tool to review your e-portfolio and ensure that your evidence is complete before the deadline for ARCPs. (See ARCP review tools on HEE Y&H website)
- Ensure your PDP is completed, if not completed state your plans for completion of your PDP
- Ensure your supervision meeting reports are completed – you must initiate them
- Create “**ARCP yyyy**” folder in Documents section in e-portfolio and upload the following **mandatory** evidence to it:
  - Completed and signed Form R part b - pdf version
  - Evidence of participation in GMC training survey
  - An up to date curriculum vitae
  - If you are undertaking OOPE – annual OOP report form and supervisor’s report
  - If you are undertaking OOPR – annual OOP report form, and research supervisor’s report indicating that appropriate progress is being made
  - If you are undertaking OOPC – if continuing OOPC – a yearly OOPC request, indicate your intended date of return to work

Also present the following evidence which is essential for the panel to make a robust assessment of your training:

- Completed CCT date calculator with start and finish dates of posts and % training
- Completed ARCP review tool – signpost where evidence for each skill is placed – state the date and section of e-portfolio e.g. SLE, dev log section – clinics/ teaching
- Any other relevant evidence pertinent to your training that is important to consider whilst assessing your progress
- Requests for change of CCT date if any

### 2.12 Planning by Clinical Supervisors:

- Complete clinical supervisor's trainer's report for post 1 (essential for ARCP) (section 18.4)
- Complete mid-term meeting for post 2 (essential for ARCP)
- Highlight **any areas identified for development** if a doctor needs additional training/support. These doctors may need invitation to face-to-face ARCP panel meeting to review their progress and set SMART objectives for training – please inform their educational supervisor and local TPD.

### 2.13 Planning by Educational Supervisors:

- Use ARCP review tool to review e-portfolio – read MSF, SLEs, PDP, skills and development log: highlight areas of strength and note points for development.
- Has the personal development plan and feedback from MSF, SLEs, START (if applicable) and previous ARCP (if applicable) been addressed?
- Complete educational supervisor's trainer's report (essential for ARCP) (section 18.5)
- Highlight **any areas identified for development** if a supervisee needs additional training/support. These doctors may need invitation to face-to-face ARCP panel meeting to review their progress and set SMART objectives for training – please inform the local TPD.
- If the doctor is at a "gateway point", i.e.; the point of training where they should be transitioning from level 1 to level 2 (**ST3**), level 2 to level 3 (**ST5**), comment on whether they have achieved the competences to finish the level
- If the doctor is at the **end of ST7** comment on whether you think they are on track to finish training by the date of their CCT. Please set clear objectives for what they need to achieve to complete training successfully.
- If the doctor is at a the **end of ST8** comment on whether they have achieved the level 3 competences to a satisfactory standard to be signed off as eligible to enter the specialist register
- If the **doctor is achieving competences at a more rapid than expected rate** and is clearly performing at a higher ST level than their current training year indicate whether they may allowed to accelerate through training and shorten their period of training

### 2.12 Academic Supervisors:

- Complete a report on academic progress (Gold Guide appendix 5) one week before the ARCP deadline, also note clinical achievements

### 2.15 Planning by Training Programme Directors:

- Deliver ARCP updates for educational and clinical supervisors, and College Tutors at Educational supervision Development days.
- ARCP “road shows” at Local Education Providers – meet clinical and educational supervisors, and College Tutors to provide updates on educational supervision and the ARCP process – March/April
- Send names of known ST doctors who may need additional support/ training to attend an face-to-face ARCP panel to PST 8 weeks before each routine round of ARCPs
- Liaise with educational supervisors of doctors who need additional support/training or the doctors themselves before the face-to-face ARCP to advise them of the *likely* ARCP outcome; clarify that the ARCP panel will decide the ARCP outcome and set SMART objectives for training.

### 2.16 Planning by Programme Support Team:

- Notify the doctors and educational supervisors eight weeks before the ARCP, advise the date of the deadline to present evidence in e-portfolio – publish this on the School website
- Prepare ARCP timetables with lists of ST doctors for routine ARCP panels – send to TPD ARCP panel chairs for confirmation four to eight weeks before ARCP panel date
- Allocate 5 ST doctors to be reviewed in detail to each panel member two to four weeks before ARCP panel date
- Organise access to the doctor’s e-portfolio for individual panel members
- Send paperwork to all panel members two to four weeks in advance of the ARCP date:
  - Agenda timetable with details of ST doctors and allocated reviewers
  - ARCP e-portfolio review tools for each level
  - Send guidance below – section 2.2 in email to all panel members in email
  - Remind panel members that their Equality and Diversity Training must be up to date

## 2.2 Preparation by panel before routine ARCPs:

### 2.21 Panel members:

- Please review the e-portfolio allocated to you noted on the agenda timetable for the day
- Form an opinion about the doctor's progress and note points for feedback to ST doctor
- Other e-portfolios: read trainers' reports; any other relevant evidence if concerns noted
- If there are concerns about a doctor's progress, communicate with the ARCP panel chair

### *E-portfolio reviews:*

- Use the **2018 ARCP Progress review tool** to review **training after 01 August 2018**
- Use the **2017 ARCP review tools for doctors who will finish training before 15 September 2019** or **if assessing a training period before 01 August 2018**
- Review the mandatory evidence in the ARCP folder for the year in the "Documents section".
- Has the doctor reflected on incidents declared in the Form R (Documents section)?
- Are there **areas for development** noted by the previous ARCP panel, educational and/or clinical supervisors, MSF, WBPAs and START feedback?
- Review the doctor's PDP/ Goals – are areas for development noted, are the goals SMART?
- Review progression in the RCPCH Progress Domains using the guidance below:
  - Start on the student home page, on the right-hand side under "RCPCH Progress Curriculum Overview" click on the "view" tab to the right-hand side of the Domain you wish to review.
  - The events will appear on a separate screen in reverse chronological order. Click on the "change date range" blue tab on the left-hand side to limit the time period for review.
  - Click on the drop down calendar to select your desired date range and click the "update" blue tab. Review from the date of the most recent ARCP for a routine annual ARCP. If this is the end of training level ARCP, you may need to review from the start of the training level to ensure that all the RCPCH Domains have been covered.
  - Click on the Domain that you wish to see.
  - L1, L2 and L3 learning outcomes appear with highlight boxes besides them. Click on the doctor's level of training and the levels above. Review the items that appear on the right-hand side of the screen by clicking Preview (in blue) at the bottom right-hand side of each item.
  - *Assess progress in each Domain against the standards for the doctor's level of training.*
  - When moving on to review a new Domain, ensure that you remove the selection tick from an earlier Domain or you will be faced with a list of events on the right-hand side of the page that becomes a cumulative list.

### 2.22 TPD panel chairs:

- Review all e-portfolios in detail
- Note and confirm the expected CCT date in CCT calculator
- Fill in ARCP form on e-portfolio, **save as draft** (section 4) - visible to TPD panel chair only
- Complete feedback forms for Educational supervisor's report
- If it is anticipated that the doctor will need additional training and/or support or an adverse outcome is anticipated – liaise with PST to remove the doctor from the routine ARCP panel agenda and schedule an a face-to-face ARCP and complete a “reasons for invitation” form

### 2.3 Preparation by Programme Support Team: paperwork on the day for ARCP panels

- Provide guidance and policies:
  - The Gold Guide January 2018
  - Yorkshire and the Humber ARCP Standard Operating Procedure July 2016
  - Paediatric ARCP Standard Operating Procedure (this document)
- Provide paper copies for each panel member:
  - Agenda timetable for the day, with notes for ARCP panel, ST year, % training, CCT date
  - Reasons for invitation to face-to-face ARCPs forms (section 6)



### **3. PROCEDURE FOR PANEL ON THE DAY OF ROUTINE (REMOTE) ARCP PANEL MEETINGS:**

- TPD to brief the panel on the process and guidance – use slides provided in pack
- E-portfolio reviewer to present e-portfolio to the panel
- Panel to review evidence presented and form opinion on the ST doctor's progress
- Decide outcome
- A "routine" (remote) panel (without an Associate Dean) may only award Outcomes 1, 6 or 2
- Complete ARCP outcome form on e-portfolio (see section 4.1)

#### **3.1 Decide and issue ARCP outcomes:**

- The ARCP panel will decide an outcome for the general paediatrics training for doctors in general paediatrics in all levels of training.
- Doctors undertaking Grid sub-speciality training:
  - Generic Professional Capabilities ARCP outcome is decided by local ARCP panel
  - Grid sub-speciality ARCP outcome is recommended in the CSAC Progression form

#### ***Principles of deciding ARCP outcomes:***

1. **Evidence:** The decision on ARCP outcomes must be made based on evidence in e-portfolio. Any other evidence (e.g., correspondence) taken into account must be known to the doctor.
2. **OOPE/R:** The ARCP determines whether all competencies gained so far match or exceed the progression point standard. As OOPE/R is still part of the training programme, non-clinical competences (RCPCH domains: education and training, quality improvement, leadership and management, and research acquired then can potentially count if the evidence is presented in e-portfolio. Clinical experience gained during OOPE will not count as this should be gained prospectively through OOPT or within the training programme. Clinical competences may not be recognised retrospectively during OOP.
3. **Gaining consensus:** The ARCP outcome decision is made by consensus. In case of disagreement amongst the panel members, the **panel chair decides the outcome**. They should represent the interests and rules of the School, carefully consider the advice of the HEE and lay representative, and the other panel members' views.
4. **Challenges to ARCP outcomes:** In case there is disagreement with the ARCP outcome after the event, the individual should contact the ARCP panel chair. Panel members and TPDs should not engage in email conversations challenging the outcome. A request for review or appeal may be made by the ST doctor.

**List of RCPCH mandatory evidence:**

- Educational supervisor's trainer's report
- Clinical supervisor's trainer's report post 1 and post 2
- MSF (as advised in ARCP review tools)
- Mandatory SLEs as advised at each level (refer to the ARCP review tools)
- Evidence of progress in GPCs in development and skills log as per ARCP review tools
- Form R part b – signed and completed, reflection on any declarations in form R
- GMC survey receipt
- Up to date curriculum vitae

**Note CCT date, consider if this should be amended:**

- Competences achieved at a more rapid rate than defined: CCT date may be brought forward
- Time out of training more than 14 days: time may be added to training (postpone CCT date)

**Reasons for ARCP outcome and feedback:**

- Record feedback – focus on the positive and highlight exceptional achievements
- Note any points for development – set SMART objectives for the next year
- List competences to be achieved for completion of training level for ST2, ST4 and ST7 doctors

**4. ARCP outcomes - decide which “box” describes the doctor’s progress:**

**Outcome 1:**

**Achieving progress and the development of competences are at the expected rate**

All mandatory evidence present in e-portfolio, **and**

Evidence of developing competences appropriate for the level of training: clinical knowledge and skills, and professional behaviours and attitudes

Evidence is presented throughout the training period reviewed in the form of SLEs, MSF, and entries in the developmental and skills log.

**Outcome 6: Achieved all competences and ready to be awarded CCT**

All mandatory evidence present in e-portfolio, **and achieved all level 3 competences**

- Clinical supervisor’s trainer’s report: must state that level 3 competences are achieved/ the doctor is ready to be a consultant
- Educational supervisor’s trainer’ report: the answer to the following question must be “yes”: Has this trainee fulfilled Level 3 competencies to a satisfactory standard to be signed off as eligible to enter the specialist register?
- MSF and SLEs: should indicate doctor are performing at the expected level of doctor who is about to finish training/ at a consultant level. There should be evidence to demonstrate that any previously identified areas of concern have been reflected on and addressed.
- START: there must be evidence in the form of SLEs, and entries in the skills and development log that all areas identified for development have been reflected on and addressed satisfactorily
- Evidence of achieving all the RCPCH GPCs and a mature approach to:
  - Clinical practice
  - Professional behaviours and attitudes
  - Engaging in continuous professional development
  - Leadership and management capabilities in service development and improvement, clinical risk, clinical governance and quality improvement activity, education and training, and supporting doctors in training and the multi-disciplinary team
  - Contribution to research/ supporting research

**Outcome 5:**

**Incomplete evidence presented – (additional training time may be required)**

Progress appears to be acceptable overall, **and**

**Less than four items of evidence missing**

This is the first instance the doctor has incomplete evidence in their eportfolio.

It is estimated that all the missing evidence can be provided within four weeks.

Progress is acceptable overall, **and**

Progression to next ST year depends on successful completion of a part of the MRCPCH examination, **and** the examination result will be available in less than 4 weeks.

**Outcome 2:**

**There are some competences that have not been fully achieved and need to be further developed and additional training time is not required.**

Progress in clinical skills appears to be acceptable overall, **and** there has been a previous outcome 5.

This is the **not** first instance the doctor has incomplete evidence in their eportfolio at ARCP.

**Less than four items of evidence missing** (apply discretion for the CSTR and ESTR).

Progress in clinical skills appears to be acceptable overall, **and**

This is the first instance the doctor has incomplete evidence in their e-portfolio.

**More than four items of evidence missing** (apply discretion for the CSTR and ESTR)

It is estimated that the doctor will be able to “catch up” within 3 months, i.e., provide the missing evidence and continue to provide ongoing evidence of developing competences appropriate for their level of training in the form of SLEs, and entries in the developmental and skills log.

**Outcome 3:**

**There are some competencies that have not been fully achieved and need to be further developed and additional training time is required, and additional training time is available**

**Not passed essential exams at gateway points (2 written at end of ST2, clinical exam at end of ST3) and additional training time is available**

**Large gaps in evidence in e-portfolio**

This is the first instance that the doctor has incomplete evidence in their e-portfolio.

It is estimated that the doctor will not be able to “catch up” within 3 months, i.e., provide the missing evidence and continue to provide ongoing evidence of developing competences appropriate for their level of training in the form of SLEs, and entries in the developmental and skills log.

**Outcome 4:**

**Insufficient and sustained lack of progress despite having had additional training to address concerns over progress**

**There are some competences that have not been fully achieved and need to be further developed despite having had additional training to address these concerns**

Additional training time is **not** available or additional training time may be available but the panel is of the opinion that this should not be offered as the doctor has not made sufficient progress

**Failure of engagement with training portfolio on review of outcome 2 if the sole reason for the outcome 2 is failure of engagement with training portfolio**

There must be evidence of:

The doctor has been told and understands the requirements of the training programme.

The doctor has sufficient opportunity to provide the required information/ evidence

The doctor has not acted on these opportunities to provide the required information/ evidence

No reasonable circumstances that explain the lack of supporting information/ evidence within the e-portfolio

**Special circumstances**

Gross professional misconduct and employment contract terminated

Erasure or suspension from medical register

GMC restrictions on license to practice which are incompatible with the training programme

## **5. DOCUMENTATION OF ARCPs:**

### **5.1 Document on ARCP forms on e-portfolio:**

- Period (dd/mm/yyyy to dd/mm/yyyy) reviewed
- % training time
- Number months of the training year if FT, number of WTE months if LTFT
- ST year reviewed
- Specify if this is an end of training year review
- Note date of end of ST year being reviewed

### ***Illustrations:***

02/08/2017 to 31/07/2018: 12 months FT ST3 year = 12 months

02/08/2017 to 31/07/2018: 12 months 0.60 LTFT ST3 year = first WTE 7.2 months of ST3 year

01/11/2017 to 03/07/2018: 8 months 0.60 LTFT ST4 year = WTE 4.8 months – end of ST3 year

- Outcome with reasons for the outcome
- State training year during next placement
- CCT date (check using CCT calculator in “ARCP yyyy” folder in Documents in e-portfolio)
- ST year during next training post
- Date of next ARCP (maximum gap between ARCPs should not be more than 15 months)  
Doctors in full time training or 0.80 LTFT – schedule ARCP at the end of the next training year  
Doctors in LTFT training  
    If ARCP is at the end of the training year: schedule ARCP after 12 months  
    If ARCP is not at the end of the training year: schedule ARCP for end of the training year  
    if end of the training year is a gateway point (ST2, ST3 and ST5)
- Feedback on e-portfolio, highlight exceptional achievements
- Suggestions for development – record SMART objectives for the next year
- ST2, ST4 and ST7 doctors: document remaining evidence required for the end of the training level ARCP

### **5.2 Additional documentation on ARCP form on e-portfolio for outcome 5:**

- List missing evidence
- Deadline (date) to present evidence: maximum 4 calendar weeks (2 weeks for form R)
- Anticipated adverse outcome if evidence is not presented by the deadline
- Advise to meet educational supervisor to clarify understanding of the requirements of the ARCP process - go through the ARCP review tool in detail
- Seek clarification from TPD if the doctor is unclear about evidence needed for ARCP

**5.3 Other ARCP paperwork on the day of the ARCP panel:**

- Outcome 1: give completed ARCP review tools to PST
- Outcome 5: ***TPD panel chair retains ARCP review tools for review of outcome 5***
- Anticipated outcome 2, 3 or 4:
  - Give completed ARCP review tools to PST to handover to face to face panel TPD chair
  - Give completed “reasons for invitation” to face to face ARCP to PST to send to doctor, their educational supervisor, and the F2F ARCP panel TPD chair
  - TPD panel chair to handover to F2F ARCP TPD panel chair

**5.4 Note on ARCP agenda – copy to be given to PST**

- Complete outcome column: “1 or “5”, if anticipated outcome 2, 3 or 4: “A2”, “A3” or “A4”
- ST year during next training post
- CCT date
- Date of next ARCP
- Outcome 5: deadline date to present missing evidence

**6.0 Reasons for invitation to face-to-face ARCP**

***Concerns raised / additional support or training required (choose from list below)***

- Clinical supervisor
- Educational supervisor
- Review of previous adverse outcome

**Competences / behaviours to be developed (add brief notes)**

***MRCPCH exam:*** FOP / TAS / AKP / Clinical

***Clinical knowledge and skills***

- Knowledge
- Technical skills for clinical procedures
- Patient assessment
- Decision making
- Patient management

***Professional behaviours and skills***

- Communication
- Team working
- Leadership in clinical situations
- Organisation
- Time management

***Not meeting the requirements of the training programme***

- Supervision meetings and records of supervision meetings
- Completion of MSF
- Completion of SLEs
- Clustering of evidence before ARCP
- Maintaining development log and/ or skills log in e-portfolio

***Other***

**Anticipated outcome:**

- 2. Additional support/ training is required
- 3. Additional training **time** is required
- 4. Possible exit from the training programme

**Date**..... **TPD panel chair** .....

**Signpost to local TPD (name)** ..... for support

*(PST to send copy to doctor, educational supervisor, local TPD, and TPD panel chair for F2F ARCP)*



## **7. FOLLOW UP AFTER ROUTINE ARCPs:**

### **7.1 Procedure for Outcome 5:**

- PST will inform ST doctor of Outcome 5 (copy to Educational supervisor and TPD panel chair)
- Refer doctor to ARCP form for deadline and list of missing evidence
- State that failure to submit evidence to a satisfactory standard by deadline will result in ARCP outcome 3 or 4
- Advise the doctor to meet with their Educational Supervisor to ensure that they understand the requirements of the training programme

### **7.2 Doctor's meeting with Educational Supervisor:**

- Educational supervisor should explain requirements at ARCP as per ARCP review tool
- Record meeting on e-portfolio as "additional meeting"

### **7.3 TPD panel chair:**

- To respond to queries from ST doctors
- Review e-portfolio at the deadline for Form R and within 5 days of deadline for others:

### ***Evidence complete: award outcome 1***

#### **Complete ARCP form:**

- Review of outcome 5 ARCP awarded on date DD/MM/YYYY
- Outcome
- Feedback on additional evidence if required
- Complete other fields as per previous ARCP outcome 5 form (section 4.1)
- Failure to provide complete evidence at the next ARCP will result in an outcome 2 or 3

### ***Evidence incomplete:***

- Inform PST to invite to face-to-face ARCP outcome panel
- Document reasons for invitation, and anticipated outcome on review tool – this should be sent to the face to face ARCP panel chair via PST
- Handover ST doctor to local TPD via PST
- Form R: When an ST doctor does not submit a form R after an outcome 5 is issued - a support meeting is offered. If the form R is not submitted despite the doctor attending support meeting and this is a repeated situation – referral to the GMC for non-engagement with revalidation should be commenced as per the HEE Y&H policy.

### 7.3 Completion of ARCP process:

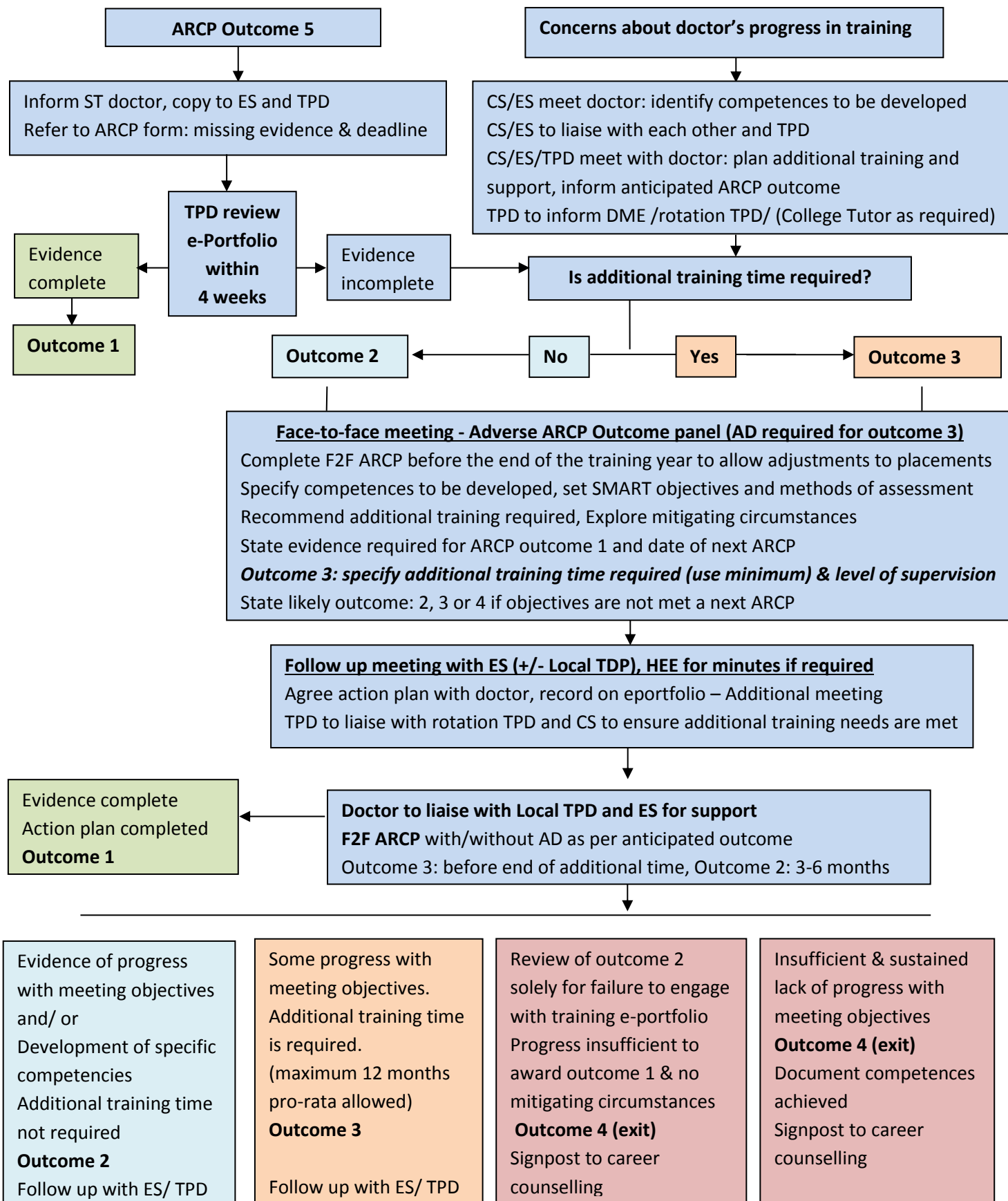
#### TPD

- Return all ARCP review, tools and routine ARCP timetables with completed notes to PST by the end of July (January for February starters).

#### PST

- File all completed ARCP review tools for LTFT doctors if this was not an end of training year ARCP, send these forms to the next ARCP when it is scheduled
- Note CCT date, ST year at next placement, and date of the next ARCP on spreadsheet
- Send thank you letters to panel members on behalf of TPD panel chairs
- Send Educational supervisors feedback

8. Flow Chart for Doctors with Concerns about Progress in Training/ Adverse ARCP outcomes



## **9. PREPARATION AND PROCEDURE FOR ADVERSE OUTCOME (2, 3 or 4) ARCP PANELS:**

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### **9.1 Preparation by Paediatric Support Team:**

- Invitation letter to ST doctor (copy to ES), state anticipated outcome/s (there should be no surprises for the doctor at the meeting with the panel), include “reasons for invitation to face-to-face ARCP” form (section 6) with signpost to local TPD for support
- Prepare ARCP agenda for face-to-face ARCP panels
- Allocate ST doctors to each panel member – note on ARCP agenda
- Send paperwork to all panel members two to four weeks in advance of the ARCP date:
  - Agenda with details of ST doctors and allocated reviewers
  - Completed ARCP e-portfolio review tools (if referred by a routine remote panel)
  - Reasons for invitation to face-to-face ARCP
  - Any supporting evidence – this must be available to the ST doctor
  - Gold Guide and Y&H ARCP SOP, Paediatric ARCP SOP
  - Send guidance below – section 9.2 in an email to all panel members

### **9.2 Preparation by panel week before ARCP:**

- Please use the structured ARCP review tool to assess the e-portfolios allocated to you
- Refer to previously completed ARCP review tool and the “reasons for invitation”
- Review the previous ARCP form, and supervision meetings: note the competences to be developed, action plan, assessment strategy and evidence requested for next ARCP
- What evidence is there to demonstrate completion of the action plan:
  - Is there a personal development plan?
  - Are the recommended assessments completed?
  - Is there evidence of achieving the required competences?
  - What is the clinical and educational supervisor’s opinion of the doctor’s progress?
- Note specific competences that need to be developed (if relevant)
- Form an opinion about outcome

### **9.3 Face to face ARCP panel Chair Training Programme Director**

- Liaise with educational supervisors, inform anticipated outcome(s) with the reasons
- Review e-portfolios and prepare draft ARCP form on kaizen (visible to account only)

### **9.4 Educational supervisors**

- Meet with doctor to advise them of anticipated outcome(s) with reasons and consequences as per the information from the TPD, and record the meeting on e-portfolio

## **10. PROCEDURE FOR ADVERSE OUTCOME ARCP PANEL ON THE DAY:**

Morning session: 09:00 briefing, 09:30 to 12:30 (7 doctors), afternoon: 13:30 – 16:00 (5 doctors)

- Panel to review e-portfolio and form R, any additional evidence that is known to the doctor
- Panel to decide consensus outcome **before** ST doctor is invited in to meet the panel

### **Panel meeting with ST doctor: Focus on competences to be developed** (section 11)

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#### **Reason for ARCP outcome**

- Introductions
- Must be positive, educational and supportive
- Confirm doctor knows the reason for invitation to meet ARCP panel
- State outcome with reasons for outcome – “areas of concern”

#### **Action plan to gain competences**

- Specify competences that need to be developed - set SMART objectives
- Specify the assessment strategies for the above competences
- Specify amount of additional training time and level of supervision
  - Additional training time (maximum 12 months) is pro-rata for LTFT except for exams
  - 3 months if the reason for adverse outcome is lack of engagement with e-portfolio
  - May remain on outcome 2 for same reason for a maximum of 12 months

#### **Ensure support is provided**

- Explore mitigating factors
  - Service related (doctor should have made the ES aware) or due to exclusion
  - Need not disclose details if related to health or personal circumstances, or environmental (bullying or harassment)
- Refer to appropriate TPD (exam or local TPD) or other support depending on the situation, give written information or note whom to contact for support on e-portfolio

#### **Future processes**

- State evidence required at next ARCP to demonstrate competences and gain outcome 1
- State date of next ARCP (set after exam results if outcome 3 for exam failure)
- State anticipated outcome if evidence of development of competences not presented at next ARCP – may be 2, 3 or 4
- If ongoing non-engagement with training e-portfolio – next ARCP outcome will be 4
- Explain consequences: outcome 2 or 3 - cannot do OOP or apply for consultant post; outcome 4 – withdrawal of NTN immediately, and employment contract after notice period
- Outcome 2 – right to request a review; outcome 3 and 4 – right to appeal

**11. Guidance on strategies to develop competences and demonstrate evidence of progress:**

<b><i>Clinical competencies to be developed</i></b>	<b><i>Support/ Strategies for training</i></b>	<b><i>Evidence: next ARCP</i></b>
Single exam failure	Department exam focused teaching Revision courses, Peer study group Signpost to exam TPD	Successful completion of examination
Repeated exam failure	Dyslexia screening and the above Coaching Consider Occupational health referral, Workplace wellbeing/ Take time	Success in examination
Clinical: knowledge/ assessment of patients/ clinical decision making/ ability to execute management plans	Enhanced clinical supervision Additional training (Simulation based training may help)	CBDs, mini-CEX, ACAT, MSF, CSTR
Clinical technical skills	Additional training	DOPs, Mini-CEX

<b><i>Professional competences to be developed/ Problems identified</i></b>	<b><i>Strategies to develop competences/ Signpost to support</i></b>	<b><i>Evidence: next ARCP</i></b>
Professional skills - communication verbal/ written	Communication skills course Additional training Consider dyslexia screening Effective conversations training	HAT, DOC, ACAT, CEX, MSF, CSTR
Professional skills – time management/ organisation/ leading a clinical team	Time management course Coaching	ACAT, MSF, CSTR, ESTR
Professional behaviours – punctuality/ communication/ team-working/ respect for colleagues, patients, carers	Coaching Reflection, self-awareness training	Reflective notes MSF, CSTR, ESTR

<b><i>Problems identified</i></b>	<b><i>Signpost to support</i></b>	<b><i>Evidence: next ARCP</i></b>
Health – physical/ mental	Resilience training – surviving and thriving GP, Occupational health Workplace wellbeing/ Take time Consider reducing working hours	CSTR, ESTR
Personal circumstances	Workplace wellbeing/ Take time/ Coaching Consider reducing working hours	CSTR, ESTR

**12. CHECKLIST FOR DOCUMENTATION ON ADVERSE OUTCOME (2, 3 or 4) ARCP FORM:**

- Period (dd/mm/yyyy to dd/mm/yyyy) reviewed
- % training time
- Number months of the training year if FT, number of WTE months if LTFT
- ST year reviewed
- Specify if this is an end of training year review

***Illustrations:***

02/08/2017 to 31/07/2018: 12 months FT ST3 year = 12 months

02/08/2017 to 31/07/2018: 12 months 0.60 LTFT ST3 year = first WTE 7.2 months of ST3 yr

01/11/2017 to 03/07/2018: 8 months 0.60 LTFT ST4 year = WTE 4.8 months – end of ST3 yr

- ARCP outcome
- Reasons for ARCP outcome
- Feedback on e-portfolio
- Mitigating circumstances

***Competences, training, support, assessment and evidence required for next ARCP (section 8.3):***

- Note specific competences need to be developed
- Focused training advised – time required to gain competences
- Assessment strategy to be used to assess these competences
- Outcome 3: Circumstances of delivering training - level of supervision required
- Outcome 3: How much additional training time required? Pro-rata for LTFT doctors except if adverse outcome 3 is solely for exam failure (total 1 year allowed, 2 years - PGD's discretion)
- Refer to appropriate TPD (exam or local TPD) and signpost to support

***Next ARCP date, evidence required and anticipated outcome:***

- Evidence required at next ARCP to demonstrate competencies for outcome 1
- Outcome 2: Consider time required to gain competences – next ARCP usually in 6 months
- Outcome 3: next ARCP date will be just before the end of the additional training time
- Outcome anticipated if evidence of specified competences missing at next ARCP: 2, 3 or 4
- Outcome 4:** Document relevant competences achieved and signpost to career counselling

***Mandatory fields:***

- State if doctor can progress to next ST training year (Outcome 2 only)
- ST year during next training post
- CCT date (amend if additional training time advised/ more than 14 days' time out of training)

### **13. POST ADVERSE ARCP OUTCOME FOLLOW UP:**

#### **13.1 Programme Support Team:**

- Send letter to ST doctor, copy to ES and DME: outcome, signpost to notes on e-portfolio,
- Inform right to request review (outcome 2) or appeal (outcome 3 or 4) – refer to Y&H Guide
- Inform Employer – current placement and next placement (outcome 3 and 4)
- **PST** to note ARCP outcome, next ST training year, date of CCT and date of next ARCP on spreadsheet

#### **13.2 Local TPD:**

- Inform DME
- Any concern about fitness to practice must be reported to the Postgraduate Dean
- Liaise with Educational Supervisors +/- Clinical supervisor to arrange additional training/ support for doctor and plan remedial programme (liaise with ES and CS)
- Liaise with rotation TPD - arrange appropriate placement and clinical supervisor in next post

#### **13.3 ARCP Follow up meeting - Educational supervisor and ST doctor:**

- Focus on how to develop competences and provide evidence for ARCP
- Tailor to individual – liaise with CS and local RCPCH College tutor for knowledge of local training facilities (section 8.3)
- **Local TPD** may attend or meet with doctor separately if ARCP outcome 2 with significant concerns or ARCP outcome 3. PST member to record minutes for outcome 3 not due to exam failure
- Record contemporaneously on e-portfolio as “additional meeting”
  - Note this is an adverse ARCP outcome follow up meeting to plan additional training
  - Ensure that the ST doctor’s comments are recorded in this form

#### **13.4 Completion of Adverse Outcome ARCP process**

**TPD** to send paperwork to PST

- Face-to-face ARCP agenda with completed notes
  - ARCP outcome
  - ST year at next placement
  - CCT date
  - Date of next ARCP
- Completed ARCP review tools



#### **14. ADVICE TO ST DOCTORS PLANNING FOR EARLY ARCP OUTCOME 6/ CCT**

Arrange to meet with your **Educational Supervisor** in advance of when you hope to finish level 3 training – this should be 6 to 12 months before the date you want to finish training. Review your achievement of level 3 competences – does your Educational supervisor think that you will be ready by the proposed date? If not, develop a SMART PDP to ensure that you achieve the necessary competences. Your educational supervisor must be prepared to answer “yes” to the following question in their trainer’s report: “Do you feel this trainee is competent and safe to complete training and be signed off as eligible to enter the specialist register prior to the completion of ST8?”

Meet with your **Training Programme Director** to ensure that you know how to demonstrate the necessary evidence for an ARCP outcome 6 in your e-portfolio by the proposed date. Refer to the evidence required for an outcome 6 in section 4.

#### **15. DOCTORS WITH DIFFICULTIES WORKING A FULL SHIFT PATTERN**

Usually out of hours work should be of the same proportion for LTFT and possibly supernumerary doctors as that for full time doctors in training. If this is not possible, then out of hours competences can be achieved by working in acute areas that are similar in exposure to on-call duties. This exposure does not have to be of the same frequency as a normal shift system would provide but has to be sufficient for the trainee to gain competences.

Level 2 and 3 ST doctors will also need to show as part of their competences that they are able to work ***without direct Consultant supervision***, so they need to be in a situation where the Consultant is not immediately accessible (usually that means for the Consultant to be out of the hospital and covering from home).

These ST doctors must have a clinical supervisor’s report specifically stating that competences to cover out of hours clinical work have been achieved despite their amended working pattern.

### 17.1 Guidance for ST doctors on Maintaining your E-portfolio

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Maintaining an up to date e-portfolio is essential to your meeting the requirements of the Paediatric Training Programme delivered by Health Education England Yorkshire and the Humber. You should **“tag” all your evidence** of learning and gaining competences to the learning outcomes of the RCPCH curriculum. This will demonstrate your achievement of the key capabilities in all the RCPCH domains.

A detailed review of your e-portfolio is undertaken at your ARCP with the aim to triangulate evidence from three essential sources detailed below. The ARCP panel will consider your progress in acquiring professional knowledge and skills, and your professional behaviours and attitudes to form an opinion on your progress in training.

**Use this guidance alongside the ARCP e-portfolio review tools for your training level** on the HEE Y&H website

#### 1. Supervision meeting records and reports – formative and summative assessments

##### **Clinical supervision:**

Your supervisor will help you to set short term goals for each clinical placement and, provide clinical supervision and guidance. You must meet with your clinical supervisor at the (i) beginning of your clinical placement to set a personal development plan, (ii) midway through your 6 month placement to review your progress and objectives, and (iii) at the end of every 6 month (calendar) placement to confirm that you have met your objectives and record if there are any incomplete objectives.

Your clinical supervisors must complete a **trainer’s report** for each 6 (calendar) month placement (August to February, and February to August). The information in this report is based on their direct observation of you, and feedback from the multi-disciplinary team.

Though the “routine” ARCP round takes place in June (6 to 8 weeks before the end of your placement) you are expected to have a completed clinical supervisor’s trainer’s report for your current placement during the routine ARCP round. A **mid-term clinical supervisor’s meeting** is adequate as you will not have an end-of-post review meeting for this placement.

**Educational supervision:**

Your supervisor will help you plan your long term career goals as you progress through training. You must meet with your educational supervisor regularly (3 times/ calendar year) - use the same model as above but focus on your long-term goals. Aim to generate SMART (Specific, Measurable, Achievable, Realistic and Time-bound) objectives to develop your clinical and professional knowledge and skills in all the RCPCH curriculum domains.

Your educational supervisor must complete a **trainer's report** before each ARCP (the single exception is when an interim ARCP is held for the sole purpose of reviewing MRCPCH examination results). The information in this report is based on their communication with your clinical supervisor and a detailed review of the evidence presented in your e-portfolio.

In case your educational supervisor is also your clinical supervisor, the meetings may be combined. Both clinical and educational supervisor's trainer's reports must be completed. You supervisor may choose to embed your clinical supervisor's trainer's report as a separate section in the educational supervisor's trainer's report.

**2. Assessments - summative and formative**

- a) Multisource feedback
- b) Supervised learning events throughout the year – your assessor's comments on your level of skills and learning points you need to develop
- c) START (ST7) feedback
- d) MRCPCH examinations

You must respond to your assessments by writing your learning points. How will they influence your practice? What learning objectives have you and your assessor identified? Generate a SMART PDP and demonstrate completion of your goals.

Mandatory assessments as per the RCPCH are highlighted in the ARCP e-portfolio review tool. At least one of each mandatory SLEs must be assessed by a consultant or SASG/ speciality doctor. 25% SLEs may be in simulated situations. Mandatory DOPS must be in real life situations.

### 3. Your demonstration of your development of professionals knowledge and skills

You must demonstrate progression in all Generic Professional Capabilities (GPCs) by the end of each training level.

You must demonstrate progress in all the clinical GPCs in every training year:

- *Professional values and behaviour*
- *Professional skills and knowledge – communication*
- *Professional skills and knowledge - clinical procedures*
- *Professional skills and knowledge - patient management*
- *Safeguarding*
- *Health promotion and illness prevention*
- *Patient safety*

You must **demonstrate progress in at least one or more of the GPCs not relating to direct clinical care in each training year in level 1, and at least 2 or more GPCs in level 2 and 3**

- *Leadership and team working*
- *Quality improvement*
- *Education and training*
- *Research*

#### **Personal development plan:**

You must record your **personal development plan (PDP)**/ Goals at the beginning of each 6 month placement. This should be in a SMART format.

You should **review this regularly** throughout your training year, and set **further learning objectives** as they become evident from your assessments, reflections on your experiences, START feedback (ST7 & 8) and ARCP feedback.

**Demonstrate completion of each of your objectives** through:

- a) Your **responses to feedback from SLEs: develop a PDP and sign it off** when completed
- b) Demonstration of progression or maintenance of technical skills in your **skill log**
- c) Demonstration of continuing learning in your **development and skills log** (see appendix B)

**STANDARDS expected at each level of training**

You may choose to demonstrate skills expected at a more senior level of training

1. **Level 1:** Acquiring a knowledge base
2. **Level 2:** Applying knowledge to clinical practice and demonstrating autonomy
3. **Level 3:** Developing professional expertise, analysing and evaluating knowledge, and teaching and developing others

**Other RCPCH mandatory evidence**

1. Form R: fill relevant sections, sign it; write reflective notes on declarations (reference date)
2. GMC survey receipt
3. Up to date curriculum vitae – highlight achievements in the training year reviewed at ARCP
4. Evidence of completing mandatory training – APLS, NLS/ARNI and safeguarding

**HEE Y&H mandatory evidence**

5. Completed CCT calculator – this is essential for the ARCP panel to calculate your CCT date accurately
6. Completed ARCP review tool – enter the dates and section of the development log for each entry that demonstrates your learning in each domain of the RCPCH curriculum

## 17.2 Guidance on Maintaining and Assessing the Skills and Development Log in E-portfolio

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**Skills log:** Develop increasing level of skills in procedures toward expert practice with ability to teach.

**Certificates:** Upload Certificates for APLS, NLS/ARNI and Safeguarding training.

**Clinics/Case reflection:** Evidence of developing skills in clinical management and in outpatient consultations, record your management of follow-up of out-patients and in-patients: reviewing and acting on investigation results and communicating this to the patient and their parents/carers.

**Safeguarding:** Evidence of developing skills in assessing patients, forming opinions, and writing reports in a variety of situations, e.g., physical/ emotional abuse, neglect. Document your learning from your contribution to multi-disciplinary working and strategy meetings. Reflect learning gained from attendance at child death overview panel and court if you have these opportunities. ST1-3 doctors – reflect on what you have learnt from cases you may have seen but not assessed formally.

**Clinical questions:** Demonstrate your ability to perform a critical appraisal of scientific literature. The PICO (population, intervention, comparison, outcome) is a useful format to structure your answer to a clinical question. Apply a tool that you may have used in Journal Club to discuss the strengths and weaknesses of the study you appraise and your opinion of the clinical bottom line. What have you gained from reviewing this paper – will it/ how will it alter your practice?

**Certified Course/Education and Meetings:** Demonstrate assimilation of learning, and how you apply this to your professional practice. Critique the educational value of the session attended.

**Reflection:** Demonstrate willingness and ability to learn from events and apply learning points to professional practice. Ability to respond to other members of the team, patients and their parents/carers in a professional manner, and provide advocacy for the patient.

**Teaching:** Contribute to teaching and training: planning and delivering teaching. Reflect on feedback and use this to improve skills. ST4-8 doctors – evidence of providing formative feedback to junior colleagues through completing SLEs. Develop training packages/ training days to deliver RCPCB curriculum/ provide health education to patients and their parents/carers.

**Research:** Lead/ complete/ contribute to a research project. If not undertaking own research project complete GCP and may recruit subjects to clinical trials if opportunity arises.

**Presentations:** Aim to present at scientific meetings/ conferences. You may include presentation to your department, Trust or at regional, national or international meetings

**Publications:** Aim for publications in peer reviewed journals.

**Clinical Governance:**

**Risk management:** Incident reporting and grading, ST4-8 doctors – perform root cause analysis.

**Clinical audit:** Complete clinical audit project/s, present findings and make recommendations. ST4-8 doctors may design audits and supervise junior colleagues, also demonstrate contribution to carrying out recommendations following clinical audit project.

**Guidelines:** Write evidence based clinical guidelines/ patient care pathways.

**Mortality and morbidity reviews:** Contribute to learning from case reviews to improve individual practice and improve systems of care.

**Management:** Demonstrate initiative and ability to finish projects, skills to work well within an MDT, keep to deadlines and deliver the end product to a high standard – this may be a quality improvement project. Other examples are contributing to or chairing committees for clinical work, education (e.g., training days), training, research or clinical services (e.g., clinical rota).  
Leadership: Demonstrate ability to lead a team in the above situations described in management.

**Miscellaneous:** Use this section to provide any additional information.

**17.3 Template for Curriculum vitae**

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**Name:**

Qualifications (with dates):

ST year of training:

Anticipated CCT date:

**Clinical skills and experience, clinical procedures**

Also note experience of safeguarding, and health promotion and illness prevention

**Continuing professional development - education meetings attended**

**Summary of achievements (state your role within each activity and note dates):**

**Patient safety**

**Clinical Governance**

**Quality Improvement**

**Education and Training**

**Leadership and Management**

**Research**

**Publications**

**Presentations**

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*Curriculum vitae of ..... (name), date.....*



#### 17.4 Guidance on completing a Clinical Supervisor's Trainer's Report (CSTR)

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This is generated by the doctor in training and the following background information is generated by Kaizen or entered by the individual doctor in training:

- ST year,
- Full time or % LTFT
- Training posts

Use the structured CSTR on Kaizen to provide information on the doctor's progress and is not the same as the end-of-post meeting form.

***Prompt to discuss the ST doctor's progress with the Educational supervisor:***

Liaise with the ES and local TPD if there are any areas for development or areas of concern.

Complete the **feedback on the doctor's personal skills, interpersonal skills and clinical skills**

Consider what you know about the ST doctor's clinical knowledge and skills, and professional behaviours and attitudes – this may be from your direct observation and from feedback from members of the multidisciplinary team. The drop down menu will give you a choice of terms to choose to give your opinion

***Clinical governance:***

This may include participation service evaluations, audit, developing guidelines, managing change, quality improvement projects, managing risk, contribution to morbidity and mortality reviews. Note if the doctor has finished the project. What the doctor has contributed in this area – what was their role if they were part of a team – i.e., leading, designing project, collecting data, making recommendations, etc?

***Strengths:***

Highlight areas of good practice and commendable achievements

***Areas for development and action plan:***

Comment on whether the doctor has completed their PDP. Write a SMART action plan to complete any remaining items of PDP and address any areas for development and areas of concern.

***Concerns:***

Confirm no concerns regarding health and probity.

**Overall review of the trainee:**

Triangulate the evidence you note from:

- (1) Your personal observations
- (2) Feedback from the multi-disciplinary team, and
- (3) MSF and SLEs to form an opinion on the doctor's progress in this clinical placement.

**The following is a guide to ensure that all aspects of training are covered:**

- Comment on ***progress in GPCs relating to direct clinical care for their training year***
  - *Professional values and behaviour*
  - *Professional skills and knowledge – communication*
  - *Clinical procedures*
  - *Patient management*
  - *Safeguarding*
  - *Health promotion and illness prevention*
  - *Patient safety*
  
- What ***development has the doctor made in the other GPCs – give details:***
  - *Leadership and team working*
  - *Quality improvement*
  - *Education and training*
  - *Research*

### 17.5 Guidance on completing an Educational Supervisor's Trainer's Report (ESTR)

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The ST doctor should generate this form and populate the following information:

- ST year
- Full time or % LTFT
- Training posts
- Dates of APLS, NLS/ ARNI, safeguarding training
- Details of Education events/ CPD attended during training year

#### ***Portfolio review:***

Use the structured ESTR form provided on Kaizen to review the e-portfolio. Appendix B provides guidance on the development and skills log. The ARCP review tools provide illustrations.

The **STANDARDS** expected at each level of training are:

**Level 1** - Acquiring a knowledge base

**Level 2** -Applying knowledge to clinical practice and demonstrating autonomy,

**Level 3** - Developing professional expertise, analysing and evaluating knowledge, and teaching and developing others

The ESTR form will prompt you to review the PDP, reflection, teaching, research/ presentations/ publications, clinical governance, management and skills log. The drop down menu has a choice of terms to give your opinion. Also review the sections of the e-portfolio not covered in the "Portfolio review": clinics, safeguarding, clinical questions and education/ meetings.

#### ***Significant events:***

Note if the doctor reflected and learnt from significant events.

#### ***Curriculum review:***

Comment using drop down menu on your view of the doctor's achievements.

#### ***SLEs:***

Comment on whether the doctor has completed the mandatory assessments. If any assessments require further discussion discuss these and set SMART learning objectives.

#### ***MSF:***

Comment on strengths, areas for development and areas of concern if any.

**Overall review of the trainee:**

***Triangulate evidence from:***

- (1) MSF and assessments
- (2) PDP, skills and development log, and
- (3) Communication with their clinical supervisor and the clinical supervisor's trainer's report.

**Assess their:** (a) Clinical knowledge and skills, and (b) Professional behaviours and attitudes and give **your opinion** on their progress in training.

**The following is a guide to ensure that all aspects of training are covered:**

- Is the PDP relevant to their level of training and eventual career plan
- Are PDP goals completed? If not, is the doctor on target to complete them?
- Progression in ***all GPCs is mandatory in each training level – has the doctor met the requirements for their level of training?***
  
- Progression in ***all GPCs relating to direct clinical care is mandatory in each training year:***
  - *Professional values and behaviour*
  - *Professional skills and knowledge – communication*
  - *Clinical procedures*
  - *Patient management*
  - *Safeguarding*
  - *Health promotion and illness prevention*
  - *Patient safety*
  
- Progress in ***one or more of the non-clinical GPCs is mandatory during each year in level 1, and in two or more non-clinical GPCs during level 2 and 3***
  - *Leadership and team working*
  - *Quality improvement*
  - *Education and training*
  - *Research*
  
- Identify areas for development and areas of concern if any
- Set objectives for the next training year

**Progression:** Answer “yes” or “no” to the questions in the ESTR on Kaizen