ST3 haematology advice and information sheet

Firstly, welcome to haematology in Yorkshire. We are very pleased to have you!

If you have never done any haematology before it is usually a steep learning curve because it is such a specialist area but it is really normal not to really know what is going on for 6 months to a year….and sometimes even longer! This is the case even if you were a fantastic SHO. It is expected so please don’t be put off.

You will need access to the eportfolio for haematology trainees. Unsurprisingly, this involves paying money (as is the case with so much of medical training) to the JRCPTB.

Once you have access you will need to do assessments (now called “Supervised Learning Events” or SLEs so as not to sound too off-putting). But the premise is the same whatever they are called. There are certain types of SLE that we need to do and certain numbers of each type per training year. Trainees often haven’t completed things quite as required by the eportfolio in time for their yearly ARCP (annual review of eportfolio).

Having paid for your eportfolio access you will want someone to appreciate all the effort you have gone to. This person is your **Educational Supervisor** (ES). This is the person who will supervise all 5 years of your training and who you need to meet with at least once a year prior to the ARCP (which occurs each May). Your ES needs to review all your portfolio entries for the last 12 months and compile their own ES report prior to the ARCP. (See Supervisor’s Report section below for further information.)

Each subspecialty within haematology training will require you to have a **Clinical Supervisor** who should do an induction and final appraisal (ideally at the beginning and end of your rotation). This person will change for every rotation. Please note you need to email the deanery to ask for each new clinical supervisor to be granted access to your eportfolio before each rotation. To add an extra layer of challenge, the person at the deanery who you should email changes regularly so it can be tricky to know who to ask; but usually you will find another trainee who happens to know the current email address for you to use.

Induction Meetings

When you start a new placement you will need your induction meeting with your Clinical Supervisor for that particular placement. Prior to the meeting you should fill in:

1. an **Induction Appraisal Form** (to be found in the “Appraisal” drop down menu). This is quite a lengthy piece as you will discover. Please save it as a draft so your Clinical Supervisor can add to it during your meeting. Please also ensure it is filed under the correct placement by checking the dropdown menu of dates that you will see.
2. A PDP (**Personal Development Plan**). The boxes on this form are very similar to the Induction Appraisal Form so some copying and pasting can be done. Try to pick things you are likely to achieve in the placement because at the end of the placement you are supposed to tick to confirm that you have achieved your objectives. (You can delete items you suddenly realise you have no chance of ever achieving but you do need to show that you have achieved a few things each placement.)

SLEs: For ST3 we need, as a minimum*,* the following:

**2 x DOPS** for bone marrow biopsy

**1 x MSF** (multi-source feedback) - send these out in plenty of time to more than the minimum 12 people so that you end up with enough forms filled in time. Send them out within one placement otherwise they don’t get properly aggregated (again, a failing of the eportfolio).

The respondents need to include *at least*

 4 consultants

*Plus*

A mix of clinical nurse specialists, ward nurses, juniors and other registrars/middle grades

**2 x mini-CEX** - one of these must be safe chemotherapy prescribing, the other can be something of your choice

**4 x CBD** (case-based discussion) - 2 of these must be lab-based, the other 2 can be on any case you have been involved in and subsequently discussed with a consultant.

 *A note on what constitutes a lab-based CBD. The idea is that the case must originate from a phone call from the lab about an abnormal FBC or clotting result or a blood film. This is not the same as seeing a patient and then requesting blood tests or a blood film. The CBD then covers your action and management plan to address the abnormal result, e.g. additional tests, calling the team looking after the patient or the GP, or reviewing the patient as indicated. Key to this is ensuring the person completing your assessment makes it clear in the title that this case originated in the lab. There is no specific SLE request form that is used for lab-based CBDs as opposed to other CBDs.*

**2 x multiple consultant reports (MCR)** - 2 reports by 2 consultants (you can do more if you wish)

**Reflections** - unspecified number required and unspecified content. But you should aim to do maybe 2-3 a month and certainly make sure you reflect after attending the StR training days.

As always **it is MUCH better if you can do more than the minimum.**

Also the **SLEs and reflections should be spread out** across the year. Try to avoid doing 12 in a panic just before the ARCP date.

On a positive note: no audit is needed in ST3.

Other ST3 (and to be repeated every year) requirements

The eportfolio has a number of design flaws. You may already be familiar with these. One flaw is that there is no way to clearly identify SLEs as lab-based or chemo prescription etc without having to actually go in and read each assessment individually. No-one has time to do this. So for the ARCP we are asked to **create a** **separate Word document** listing our SLEs for the year and specifying whether they are count as lab-based, chemo competency, breaking bad news, or any fulfil other particular curriculum requirement. This Word document **should be uploaded into your Personal Library into the folder entitled ARCP.**

To this ARCP folder in the personal library should also be uploaded **a screenshot of your confirmation of completion of the GMC survey**. You will receive an invitation to complete this survey in March/April time every year and it is compulsory. However, if you forget to take a screen shot once you have filled it in there will be no other evidence that you filled it in. So don’t forget!

Linking

This involves clicking on the “Link” button next to your SLEs and reflections and linking them to relevant areas of the curriculum. This means when you open the curriculum you can see under each heading what evidence you have to support your experience in that area. Remember, if there is no linked evidence then you haven’t covered that area and the default position of the ARCP panel is to assume you know nothing about the curriculum area in question. Linking is the solution.

Related to this is the requirement for both you and your educational supervisor to individually **assign competency levels to each curriculum item**. You do this by opening the haematology curriculum (found under the Curriculum tab at the top of the eportfolio screen) and expanding all the points. Then you click on the tiny purple pencil signs next to each curriculum item and give yourself a rating. Over time your rating will hopefully improve until you are brilliant at everything. Your supervisor will also need to rate your competence in each area. Obviously to start with some areas may be rated with little or no experience and this is ok in ST3. It is less ok in ST7.

Structuring the Eportfolio

Given the financial and time costs of obtaining access to the eportfolio you would think it would be a well-designed thoughtfully structured masterpiece.This is not the case. It is down to you to organise your eportfolio in a way that makes it easy for the review panel to determine whether you have fulfilled the criteria for your grade. The more clearly they are organised the less scrutiny they are given. Apparently reviewing the eportfolios is an even more miserable experience than completing it in the first place.

Exam Passes

We should upload our exam passes! So if you manage to pass any exams then before you go out to celebrate please do first sit down at your computer, log on to eportfolio and upload the letter or certificate of confirmation. (We do not need to upload exam failures…perhaps there is not enough storage space on the website to accommodate this nationally.)

Compliments and Complaints

If you so choose you can upload and/or reflect on any compliments or complaints that you receive (being careful to remove any patient data beforehand). However, this can quickly become demoralising if your complaints section far exceeds your compliments section. Use with care.

Supervisors Reports

At the beginning and end of each rotation e.g. myeloma, lymphoma, clotting, BMT etc we need a **clinical supervisor’s report**. This is also known as an end of placement appraisal and is a follow up to your induction meeting that you should have arranged at the start of your placement. If you have a particularly enthusiastic CS then you may be invited to have an interim appraisal too (there is an eportfolio form for this should you need it but this meeting is not compulsory).

Each year prior to the ARCP we need an **educational supervisor’s report**. This is generated following a face-to-face meeting with your educational supervisor (who you have for the entirety of your registrar training). In order for your educational supervisor to generate the report you need the requisite number of SLEs and reflections and GMC survey confirmations and clinical supervisor’s reports and induction meetings etc to be completed and *readily visible* on your eportfolio.

The actual ARCP itself is a real anti-climax as it is done remotely. Your attendance is not required. A panel of senior deanery people and haematology consultants log on and look at all of our eportfolios on a particular day in May to make sure they are up to standard. If you have not done the correct number, type and spread of eportfolio tasks and assessments across the year or they are filed in a haphazard and generally irritating manner then you will not pass the ARCP and will be invited (obligated) to attend in person at a later date to explain yourself. It is advisable to avoid this if possible, not least because the numbers of trainees needing to attend is becoming untenable for the panel members.

To help you in subsequent years (and in ST3 should this information sheet prove inadequate) there is an ARCP Decision Aid. Basically it is a table illustrating the number and type of SLEs that are required and at what time points. The table is currently to be found at this address:

 <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids>

but will probably have moved to somewhere else by the time you read this.

Finally…

If you manage to complete all these tasks then your reward will be a tick in the “Outcome 1” box of your eportfolio at your end of year ARCP and you will progress to ST4 where essentially you can expect more of the same. Oh, and congratulations!