NHS
Health Education England

North West School of Surgery Annual Review of Competence Progression (ARCP)

Information for Neurosurgery Trainees - August 2021

Below is an outline of the requirements for completion of the Neurosurgery training programme and the competencies you are expected to achieve. Your progress towards achieving these competencies will be assessed at the Annual Review of Competence Progression (ARCP).

School of Surgery Assessment Criteria:

Learning Agreements (LA) and Educational Supervisor's Report (AES Report)

- All trainees must complete a Learning Agreement (LA) on ISCP with their Approved Educational Supervisor (AES) for each 6-month placement. **All** placements should be created on ISCP in two, 6-month blocks (or three 4-month blocks for those trainees undertaking 4-month posts) even if you are placed at the same site for a year.

- It is your responsibility to arrange and complete an objective setting meeting with your AES on ISCP within four weeks of starting each post.

- A lead Clinical Supervisor (CS) for the Multiple Consultant Report (MCR) needs to be identified before starting the objective setting meeting on the LA.

- A mid-point review with your AES should take place around three months into each 6-month placement (two months for those in 4-month placements).

- **IMPORTANT:** Prior to every ARCP and Interim Progress Review, all parts of the Learning Agreement (objective setting, mid-point review, final meeting **and** AES report) **MUST** be fully completed and signed off by you and your AES.

- You will need at least three comments from a Clinical Supervisor (CS) for the LA to be completed (ideally your CS should provide comments prior to your objective setting meeting, your mid-point review and final meeting with your AES). The CS should be identified in your placement details. The AES and CS comments in the LA and the AES comments in the AES report should be detailed and comprehensive.

Multiple Consultant Report (MCR)

- The MCR is undertaken by your Clinical Supervisors (CSs), with your AES contributing as necessary to some domains (particularly GCP domains 6-9). You should have a minimum of two CSs contributing to the MCR. A lead CS for the MCR needs to be identified before starting the objective setting meeting on the LA.

- The MCR is undertaken twice in each 6-month placement, once before the mid-point review of the LA is completed and again, before the final meeting and AES report of the LA is completed.

- The MCR feeds into the Learning Agreement and at the mid-point allows goals to be agreed for the second half of the placement, with an opportunity to address areas where further development is required. The MCR also helps to inform the AES report which in turn feeds into the ARCP. Additionally, the final formative MCR feeds into the LA of your next placement to facilitate discussion between the trainee and AES.

- You will need to complete a self-assessment of your performance against the Generic Professional Capabilities (GPCs) and Capabilities in Practice (CiPs), describing self-identified areas for development with free text or by using the CiP and GCP descriptors.

- Further guidance and information relating to the MCR is available on the ISCP website.

- Details of the Capabilities in Practice (CiPs) and Generic Professional Capabilities (GCPs) are available on the ISCP website.

Workplace Based Assessments (WPBAs)

- You are expected to complete a minimum of 10 WPBAs per 6-month placement consisting of:
  - A minimum of 3 Procedure Based Assessments (PBAs) and/or Direct Observation of Procedural Skills (DOPs)
  - A minimum of 3 Case Based Discussions (CBDs)
  - A minimum of 3 Clinical Evaluation Exercise (CEX) including CEX for Consent
  - At least 1 other WPBA (e.g. Assessment of Audit (AoA), Observation of Teaching (OOT)
  - And 1 Multi-Source Feedback (MSF) per training year

- WPBAs are required to be completed for the critical conditions and index procedures for each specialty.

- WPBAs are to be undertaken on all aspects of your practice i.e. on-calls, ward round, MDT, clinics, theatre etc. to provide evidence of competence for the MCR.

- WPBAs should be spread out evenly throughout the training year.

- WPBAs need to include comments by the assessor reflecting feedback given on performance and areas for improvement with a global rating indicating the level achieved.

- All your WPBAs need be validated by the assessor as the ARCP panel will not be able to see any assessments pending validation.

- You must ensure that the comments on your WPBAs are available to your AES and TPD, comments should not be marked as private.

- Guidance on the practicalities of WPBAs and information on assessment types is available on the ISCP website.

Multi-Source Feedback (MSF)

- An MSF is to be completed for each year of surgical training; however, an MSF may be undertaken more frequently if required by the ARCP panel.

- To start the MSF, you need to complete the self-rating then nominate a minimum of 12 assessors. One of the assessors must be your AES, the other assessors should be more senior members of the healthcare team from a broad range of environments (e.g. ward, theatre, outpatients).

- When completing the self-rating, you should refer to your previous MSF and Learning Agreement to identify areas that required development or that were rated outstanding. This should form the basis of your self-rating for your current MSF.

- You need to meet with your AES to discuss and sign off your MSF before your ARCP. If the MSF is not signed off the ARCP panel will be unable to view the MSF and it will not be considered as evidence.

Audit & Quality Improvement

- You need to complete or supervise a minimum of three audits or quality improvement projects during training. At least one of these should be a full cycle.

- Your audit activity must be recorded in the audit section of ISCP. It is recommended that your audit activity is assessed and for every completed audit you undertake an assessment of audit (AoA).

Research

- You will need to provide evidence on ISCP of meeting the requirements for research and scholarship, as found in the GCP framework, this includes capabilities in the following areas:
    - The demonstration of evidence-based practice
    - Understanding how to critically appraise literature and conduct literature searches and reviews
    - Understanding and applying basic research principles
    - Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities

Medical Education

- You will need to provide evidence on ISCP of being trained in the training of others and present written structured feedback on their teaching.

Management and Leadership

- You must provide evidence on ISCP of training in health service management and leadership and having taken part in a management related activity e.g. rota administration, trainee representative, membership of working party etc. or of having shadowed a management role within the hospital.

Educational Conferences, Courses and Qualifications

- For CCT you will need evidence on ISCP of being current for ATLS, ETC or the Definitive Surgical Trauma Skills course; alternatively, you can provide evidence of an equivalent locally provided course(s) meeting the required outcomes.

Teaching Attendance

- Attendance at the teaching programme is <u>mandatory</u> and a minimum of 70% attendance is required.

Reflective Writing

- You should complete a minimum of two pieces of reflective writing per year and upload them as a word document to the "Other evidence" section under the heading "Miscellaneous" titled "Reflective Practice 1", etc.

Examinations

- You are expected to detail all examination attempts and results in the "Other evidence" section of ISCP under "Examinations". When you pass an exam, you are required to upload evidence to ISCP (e.g. exam certificate, email from the exam body confirming the pass etc).

Syllabus

- You should use the most up to date syllabus available on the [ISCP website](#).

Logbook

- You must ensure your logbook is kept up to date and is linked to ISCP. If your logbook is not up to date and available on ISCP then the ARCP the panel will not be able to assess your progress.

- You are also required to upload a copy of your SAC indicative numbers logbook to ISCP covering the period from starting higher training to the date of your review.

Clinical & Operative Experience

- You should have a broad exposure to emergency and scheduled components of the special interest areas, including:
  - Trauma (both brain and spine, including evidence of trauma competency during training e.g. ATLS/PALS course)
  - Hydrocephalus
  - Neuro-oncology
  - Skull base / pituitary
  - Neurovascular

- o Pain / epilepsy / functional
- o Spinal surgery (including intradural tumours)
- o Paediatric neurosurgery

- You must be able to demonstrate knowledge and understanding of the management of the following critical conditions:

Critical Condition	Phase 1	Phase 2 (Indicative)	Phase 3
Impaired consciousness and seizures	Level 4	Level 4	Level 4
Cranial trauma	Level 3	Level 4	Level 4
Acute hydrocephalus	Level 3	Level 4	Level 4
Acute tumour presentations	Level 2	Level 4	Level 4
Spontaneous intracranial haemorrhage	Level 2	Level 4	Level 4
CNS infections	Level 2	Level 4	Level 4
Spinal trauma	Level 2	Level 4	Level 4
Spinal oncology	Level 2	Level 4	Level 4
Degenerative spinal disorders & cauda equina	Level 3	Level 4	Level 4
Emergency paediatric neurosurgery	Level 1	Level 4	Level 4

- For each of the progression points you will need to have evidence of at least three CEX and/or CBD at the required levels for each of the critical conditions.

- For certification you will need to have evidence of level 4 CEX and/or CBD for each of the Neurosurgery critical conditions.

Index Procedures & Indicative Numbers

- For certification you will need to have evidence of undertaking 1,200 (including 70 paediatric and 250 spinal) approved cases during training in the surgical skills section of the consolidated SAC logbook report.

- For certification you will need to achieve the minimum required numbers for the index procedures detailed below:

Index Procedure	Minimum No for CCT (excl. assisted)	Minimum PBA level for end of phase 2	PBA level for CCT
Advanced adult supratentorial	10	Level 3	Level 4
Endoscopic & transphenoidal	10	Level 3	Level 3*
Convexity & falcine meningiomas	10	Level 3	Level 4
Advanced adult infratentorial	10	Level 3	Level 4
Intradural spine	5	Level 3	Level 4
Complex spinal fusion	10	Level 3	Level 3*
Advanced paediatric supratentorial	1	Level 2	Level 2**
Advanced paediatric infratentorial	1	Level 2	Level 2**

*Level 4 if special interest
**Level 3 if special interest

Curriculum Vitae, PDP and Timetable

- You need to upload an updated copy of your CV to ISCP for each ARCP.

- The ARCP panel will review the evidence section of your ISCP portfolio so please ensure it is up to date with the details of courses, publications etc. and reflects the information on your CV.

- You will need to complete a PDP on ISCP for each 6-month placement, the PDP should use SMART principles and include both short-term and long-term goals that are specific to you. Information on how to structure your PDP is available on HEE's website.

- You will also need to upload a copy of your current timetable for each placement to the "Other evidence" section of ISCP; the timetable should clearly identify your duties.

Previous Objectives

- If you have been issued with SMART objectives these will be reviewed at the ARCP to ensure that you are making progress towards achieving the objectives within the timescale set. If you have been set SMART objectives and are having difficulty achieving them, you must email your Training Programme Director with a copy to surgery.nw@hee.nhs.uk at the earliest opportunity.

Certification Guidelines

- You should familiarise yourself with the certification guidelines for your specialty, please see JCSTs website for the most up to date guidance.

Form R

- The Form R is a mandatory requirement from the GMC for all ARCPs. Both Part A&B of the Form R must be completed for every ARCP (the Form R is not required for Interim Progress Reviews). The Form R must be completed within 4 weeks of the ARCP. If a Form R has not been completed within the month prior to the ARCP or is incomplete the panel will be unable to issue a satisfactory outcome.

- You must make sure that all parts of the Form R are fully completed including the scope of practice section. The Scope of practice should include:
  - Each of your training posts if you are or were in a training programme;
  - Any time out of programme, e.g. OOP, maternity leave, career break, etc;
  - Any voluntary or advisory work, work in non-NHS bodies, or self-employment;
  - Any work as a locum. For locum work, please group shifts with one employer within an unbroken period as one employer-entry. Include the number of shifts worked during each employer-period.

- You need to ensure that you complete the most up to date version of the Form R which can be accessed via HEE's website.

Joint Clinical and Academic Training Programmes

- Trainees undertaking joint clinical and academic training programmes (Academic Clinical Fellowship / Lectureship) need to submit an academic report for every ARCP.

Out of Programme

- Trainees who are Out of Programme for Clinical Training (OOPT) must complete the assessments required by the specialty curriculum. For a period of OOPT to count towards the award of CCT, evidence will be required by the SAC that educational objectives have been met including ISCP assessments for the entire period or a satisfactory trainer's report.

- Trainees who are Out of Programme for Research (OOPR) or Out of Programme for Experience (OOPE) will need to submit a report from their research supervisor prior to each ARCP or Interim Progress Review.