

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

Information for Otolaryngology (ENT) Trainees - August 2021

Below is an outline of the requirements for completion of the Otolaryngology 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 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.
- **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.
- Your Clinical Supervisor (CS) will need to comment on the LA to enable this 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](#) (GPCs) are available on the ISCP website.

Workplace Based Assessments (WPBAs)

- You are expected to complete a minimum of 20 WPBAs per year consisting of:
 - A minimum of 6 Procedure Based Assessments (PBAs)
 - A minimum of 6 Case Based Discussions (CBDs)
 - A minimum of 6 Clinical Evaluation Exercise (CEX) including CEX for Consent
 - A minimum of 2 Observation of Teaching (OOT) and/or Assessment of Audit (AoA)
 - 1 Multi-Source Feedback (MSF) per training year (to be completed by your Interim Progress Review)
- Be aware that the ARCP panel may set additional specific targets for WPBAs / the MSF in addition to those required to be completed per year.
- You are expected to undertake WPBAs annually during training, even if you have completed the required mandatory WPBAs.
- WPBAs are required to be completed for the critical conditions and index procedures for each specialty.
- 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 aim to meet with your AES to discuss and sign off your MSF before your Interim Progress Review. If the MSF is not signed off the 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.
- You should attend courses relevant to the curriculum during training.
- For CCT it is recommended that you have attended national or international meetings appropriate to the curriculum during training.

Teaching Attendance

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

Reflective Writing

- All trainees are to complete a minimum of one piece of reflective writing per 6-months on:
 - A human factors / non-technical skills topic
 - An EDI (equality, diversity & inclusivity) topic
- You should upload your reflections 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 will also need 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 must have participated in on-call rotas and managed emergency cases during your training.
- You should have experience in and have rotated through placements in areas of interest across the range of otology, rhinology, head and neck, thyroid and parathyroid, laryngology, paediatric otolaryngology, and general otolaryngology.
- You must be able to demonstrate knowledge and understanding of the management of the following critical conditions:
 - Adult airway obstruction (malignancy, inhalation injury etc.)
 - Paediatric airway obstruction
 - Upper aero-digestive tract foreign body and chemical injury (including batteries)
 - Acute infections of the upper aero-digestive tract including tonsillitis & supraglottitis
 - Deep neck space abscess and necrotising fasciitis
 - Management of tonsillar haemorrhage and other major upper aerodigestive tract haemorrhage
 - Blunt and penetrating trauma to the neck
 - Epistaxis including sphenopalatine artery ligation
 - Complications of acute and chronic sinusitis including orbital cellulitis
 - Complications of ear sepsis including acute mastoiditis and necrotising otitis externa
 - Acute balance disorder including vestibulopathy, and diagnostic understanding of brain stem stroke and multiple sclerosis
 - Sudden onset sensorineural hearing loss
- For certification you will need to have evidence of level 4 CEX and/or CBD for each of the Otolaryngology critical conditions.

Index Procedures & Indicative Numbers

- For CCT you need to have undertaken an indicative 2,000 operations during training (as principal or main assisting surgeon) to include:

Index Procedure	Minimum number required for CCT	As main or assisting surgeon
Mastoid operations	10	Main surgeon
Major neck operations	10	Main surgeon
Tracheostomies	10	Main surgeon
Paediatric endoscopies (inc. flexible)	10	Main surgeon
Septorhinoplasties	10	Main surgeon
Functional endoscopic sinus surgery	10	Scrubbed surgeon
Removal of foreign bodies from airway (inc. nasal foreign bodies and fish bones)	10	Main surgeon

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](#).

Power Point Presentation

- For your ARCP or interim progress review will need to prepare a Power Point presentation using the following [template](#).
- Presentations should be sent to: surgery.nw@hee.nhs.uk by the deadline provided.

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.