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

Information for Neurosurgery Trainees - Post August 2021 Curriculum

School of Surgery Assessment Criteria

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).

Learning Agreements and Educational Supervisors Reports

- 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.

Multiple Consultant Report

- 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. It is the lead CSs responsibility to initiate the MCR, but trainees are encouraged to remind their CS if this has not been actioned.

- 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 must be completed at least two weeks prior to the associated AES meeting to allow sign off.

- 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 20 WPBAs per year (10 WPBAs per 6-month placement) consisting of:

  - A minimum of six Procedure Based Assessments (PBAs)
  - A minimum of six Case Based Discussions (CBDs)
  - A minimum of six Clinical Evaluation Exercise (CEX)
  - A minimum of one CEX for Consent

- These WPBAs are in addition to:

  - 1 Multi-Source Feedback (MSF) per training year
  - 1 OOT per 6 month placement

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

- Less than full time (LTFT) trainees are required to complete a pro-rata amount of WPBAs per year but must still complete 1 MSF per calendar year.

- Be aware that the ARCP panel may set additional specific targets for WPBAs in addition to those required to be completed per year.

- You are expected to continue to undertake WPBAs during the training year, even if you have completed the required number of mandatory WPBAs.

- 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 and 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:

    o The demonstration of evidence-based practice.
    o Understanding how to critically appraise literature and conduct literature searches and reviews.
    o Understanding and applying basic research principles.
    o Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities.

Medical Education, Management and Leadership

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

- 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.

- For CCT it is recommended that you have attended national or international meetings during training.

Teaching Attendance

- Attendance at the teaching programme is mandatory 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).

Curriculum and Certification Guidelines

- You should use the most up to date curriculum available on the ISCP website.

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

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 and 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.
    - Pain / epilepsy / functional.
    - Spinal surgery (including intradural tumours).
    - 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 and 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*

- The details of the index procedures and indicative numbers for Neurosurgery are on the JCST website.

Curriculum Vitae, PDP and Timetable

- You need to upload an updated copy of your CV to ISCP for every ARCP and Interim Review.

- 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 the Deanery 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 england.surgery.nw@nhs.net at the earliest opportunity.

Form R

- The Form R (Part B) is a mandatory requirement from the GMC for all ARCPs. Only Part B of the Form R needs to be completed for an ARCP (the Form R is not required for Interim Progress Reviews).

- If a Form R has not been completed within the 4 weeks 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:

    o Each of your training posts if you are or were in a training programme;
    o Any time out of programme, e.g. OOP, maternity leave, career break, industrial action etc;
    o Any voluntary or advisory work, work in non-NHS bodies, or self-employment;
    o 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.

- As of August 2022, the Form R must be submitted via TIS Self Service (TSS). Old style form Rs (Word or PDF versions) will not be accepted.

- To use TSS you must first sign up using the email address that NHS England North West have recorded for you. Trying to sign up with any other email address means the sign up process will fail.

    o [TIS Self Service (TSS) sign up guidance](#)
    o [TIS Self Service (TSS) user guide](#)

- If you need support with the sign-up process or have difficulty with the multi-factor authentication, please contact the TIS Support Team via tis.support@hee.nhs.uk and include your GMC number in your email.

- If you need help with how to complete the Form R, please contact the School of Surgery team on england.surgery.nw@nhs.net

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.