

## **A GUIDE TO COMPLETING ARCP DOCUMENTATION**

### **ARCP DOCUMENTATION**

The West of Scotland School of Anaesthesia (WOSSA) requires all Core trainees and ST3-6 trainees to complete all ARCP / Interim Review activities on the e-portfolio. The evidence submitted must include:

- WOSSA files:
  - Clinical Experience-Logbook
  - Portfolio: Research & Audit
  - Portfolio: Education & Teaching
  - Portfolio: Administration & Management
  - Trainee Evaluation of Post
  - Educational Supervisor's Report (ESR)
- Certificates (eg IAC, BLTC, ILTC)
- MSF summary
- West of Scotland Consultant feedback forms
- Unit of training sign off forms (CUT forms)
- Deanery forms **(One copy of the Deanery Forms should ALSO be returned to the deanery)**
  - Absence declaration form
  - Less than Full Time Training (LTFTT) form (if applicable)
  - OOP update form (for trainees currently OOP)
- All previous ARCP Outcome Forms
- SOAR Revalidation Declaration

The WOSSA files are available at [www.jet5.com/wossa/arcp.php](http://www.jet5.com/wossa/arcp.php) and can be uploaded onto the e-portfolio once completed electronically. These enable the training committee to assess areas of your professional development, including those covered by Annex G of the Curriculum, which should be used as an additional resource. Trainees must understand that these portfolios will form the basis of their CV used to apply for post CCT appointments, so their importance cannot be overstated. The requirements listed below are the minimum to obtain an outcome 1 at ARCP.

## **CLINICAL EXPERIENCE - LOGBOOK**

All new information since your last submission should be in **bold type**.

### **General information**

Identify the dates covered by paperwork (should be from your last submission date). This is important as it allows logbook numbers to be calculated accurately.

Remember to document your exam status.

### **Clinical experience**

- Please record your clinical experience (start and end dates), from foundation posts onwards, in chronological order. For anaesthetic posts, you should include rotations to other hospitals, even for short periods, and all rotations within base hospital (i.e. ICM, obstetric anaesthesia)

It is important that all dates be in the correct format: dd/mm/yy. Please put in **bold type** rotations undertaken since last review. You must account for **all** days in training. Jobs end one day then start the next and not all posts start on the first day of the month. This will be checked by the RCoA training department at the end of your training before approving your application for CCT. Units of training e.g. cardiac, neuro, ICU, obstetrics, paediatrics and pain need to be identified as separate blocks from general training.

Maternity leave, significant sick leave, phased return to work periods and LTFT status must also be identified by exact dates.

### **Logbook**

- Please provide summaries of your logbook data of clinical cases. Include the total number of cases and the number in which you were directly supervised (i.e. senior help immediately available), for each anaesthetic subspecialty.

Each year you should supply 2 separate, three page, logbook information summaries:

1. ANNUAL LOGBOOK: all clinical experience since your previous ARCP paper submission date.

2. CUMULATIVE LOGBOOK: all clinical experience throughout CT/LAT/ST training.

Almost all the information required should be reproducible from the College log book but separate data for Obstetrics, ICM and Pain experience currently needs to be recorded elsewhere.

Approximately 40 cases per month would be a reasonable number, and we would have concerns if monthly case numbers were consistently less than 30. Please check maths and do not double count e.g. a paediatric ENT case will be counted under paediatrics and not under ENT as well.

Obstetrics - Include supervised and unsupervised cases.

ICM – Complete a separate row for each ICM rotation. The details of how many cases admitted to the unit during your rotation can be found in Wardwatcher. This identifies how busy the unit is, and what your overall exposure to cases has been.

## **Completion of assessments and units of training**

- All dates of assessments and Unit of Training Sign Off forms must be completed.

Progress with the WPBAs and Unit of Training Sign Off forms must be distributed appropriately throughout the training year and it is not acceptable to have all your WPBAs carried out or signed for on the same date.

The dates (dd/mm/yy) of the WPBAs for each unit of training must be completed along with the dates of the Unit of Training Sign Off forms. These will be checked by your Educational Supervisor when you meet.

Basic Level Training Certificate – The date required is the day you completed basic level training, not the date on which the actual form is signed. This must be documented at ST3 ARCP or you will get an outcome 5.

Intermediate Level Training Certificate – this is vital. The date required is the day you entered ST5, not the date on which the actual form is signed. Your CCT date will be calculated from this date. This must be documented at ST5 ARCP or you will get outcome 5.

## **PORTFOLIO – RESEARCH & AUDIT**

### **Publications**

- Include all publications in full journal reference format.

### **Research**

- All completed and ongoing research, including surveys, must be recorded in this section. Details required include: dates; title; co-workers; your role including a brief description of project and conclusions. If completed, information about outcomes and publication and/or presentations must be provided. New information not previously supplied should be in bold type.

Higher Trainees will be expected to have written up a case report or evidence-based review (typically a CEACCP article) to a standard suitable for publication OR contribution to a departmental guideline or change in practice to a reasonable standard for implementation.

### **Audit and Quality Improvement**

- All audit and quality improvement projects must be recorded in this section and details required include: dates; project title; co-workers; brief description of project and your role. If completed, information about outcomes including conclusions and change of practice must be provided. Information about publications and/or presentations must be completed.

All trainees must engage in clinical audit and quality improvement projects at each level of training and annual participation appropriate for the level of training must be demonstrated to achieve an ARCP Outcome 1. (For more information read RCOA publication “CCT in

Anaesthetics - Teaching & Training, Academic & Research (inc audit) & Management for Anaes, CC & PM (Annex G)", <http://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXG.pdf> ).

Audit and QI projects should progress in time from simple information gathering and participation in or repeating the work of others (closing the loop) to more complex projects. In all cases the aim of audit should be to improve quality of patient care, so evidence that the audit has led to a change in practice or not e.g. departmental presentation with suggestions or development of guidelines, should be documented.

Any other quality improvement work e.g. SPSP should be included in this section.

### **Presentations to Learned Societies**

Include all poster and oral presentations given outwith your department. Include date, type of presentation, title, society and location.

## **PORTFOLIO: EDUCATION & TEACHING**

### **Continuing Education**

- Please list any meetings, courses and conferences that you have attended, in chronological order, including regional (West of Scotland) society meetings, anaesthetic simulator, national (Scotland and UK) meetings etc. Include dates, duration, title, organisation and location.
- Indicate whether you have previously completed ALS/ATLS/APLS.

Meetings and courses attended should reflect the interests of the trainee but must also include general meetings.

### **Teaching**

- List the occasions when you have delivered teaching e.g. tutorials, departmental presentations, vivas, instructed on course. Include date, duration, title/topic and learners.

This will develop from informal teaching to the use of more formal methods. At basic level, trainees are expected to have given a lecture involving multimedia devices, for example a case or teaching presentation. This should continue at Intermediate level, developing to include impromptu teaching, tutorials and formal lectures. Evidence of feedback is expected. Undergraduate activities include Acute Care Days and PBL facilitation.

At Higher Level the trainee will have been involved in lists supervising a more junior trainee and should be carrying out Work Place Based Assessments for such trainees.

Many senior trainees will have attended a course on teaching e.g. GIC or Training the Trainer, and this is essential for higher trainees who declare a specific interest in teaching and education

All trainees at ST7 level should have attended a course on clinical supervision and assessment e.g. SCOTS or RCoA courses.

## **Departmental and Hospital Meetings**

- Please provide a numerical record of the educational meetings attended during each year of your training. Include departmental meetings (both base hospital and rotations), ICU meetings, tutorials, hospital lunchtime meetings.

Attendance at departmental / hospital educational meetings (audit, M and M, MDT and journal club meetings) is an important part of your training and it is a requirement that you keep a personal record. It is expected that Intermediate and Higher trainees will attend at least 15 such meetings per year.

Intermediate level trainees should be able to demonstrate the ability to assess published research and audit material for example by presenting at a Journal Club.

## **PORTFOLIO – ADMINISTRATION & MANAGEMENT**

- Provide information about management courses attended and any activity or post held, e.g. rota compilation, junior division posts etc.

At all stages of training anaesthetic trainees are expected to develop an understanding of the management systems within which they work. There are many opportunities in anaesthetic departments to gain experience in these fields. It demonstrates an ability to be involved and offers opportunities to experience what lies ahead as a consultant.

Little is expected at basic level but any involvement is welcome. The process of implementing change in practice, especially if guidelines or protocols are introduced, should be included.

By Higher level trainees should show some evidence of involvement in departmental processes (ie Rota, organising teaching or other events).

NES runs a LaMP programme, which is mandatory, for all trainees. The Deanery requires all senior trainees to have attended these courses.

## **TRAINEE EVALUATION OF THE POST**

- A trainee evaluation of the post must be submitted for a satisfactory ARCP outcome

It is important that any patterns of good or inadequate training can be identified by the training committee. These will be taken seriously and anonymity will be preserved.

A 4 point scale is used; 1 = excellent, 4 = poor – check these are the right way round and please give details if there are any specific areas of concern.

## **EDUCATIONAL SUPERVISOR'S REPORT**

- An ES report must be submitted for a satisfactory ARCP outcome.

The Educational Supervisor report should be an accurate and comprehensive summary of the detail in the ARCP documentation.

The template is available on the website and must be completed electronically. The ES Report should be a comprehensive summary of the trainees' submission, identifying areas of excellence and areas which require more work, both clinically and in portfolios pertaining to research and audit, teaching and education and administration and management. The ARCP panel will be unable to check all WPBAs carried out by each trainee so it is expected that the ES will have gone through the portfolio to check that a satisfactory number has been carried out and that the Unit of Training Sign Off forms have been signed off where possible. It is the responsibility of the Educational Supervisor to check that satisfactory progress has been attained.

Previous ARCP outcome should be included –this will be a number e.g.1, 2, 3 etc NOT a “satisfactory” or other written description.

### **CERTIFICATES**

- All certificates (eg IAC, BLTC, ILTC) must be completed electronically, printed off, signed and then scanned onto the e-portfolio.

### **WORK PLACE BASED ASSESSMENTS**

- All WPBAs must be completed using the e-portfolio.

The WOSSA assessment guides for Basic, Intermediate, Higher and Advanced Level training can be found at <http://www.jet5.com/wossa/training.php> . These give information regarding the minimum number of the assessments required for each level of training. They are based on RCoA guidance: ‘Assessment Guidance (2010 Curriculum) Edition 2 Version 2’ ( <http://www.rcoa.ac.uk/document-store/cct-anaesthetics-assessment-guidance-2010> ) and ‘Assessment Blueprint Edition 2 Version1.6’ ( <http://www.rcoa.ac.uk/document-store/blueprints-assessments-2010-curriculum> ).

### **MULTISOURCE FEEDBACK**

- MSF is now to be completed annually by all trainees. A RCoA MSF Summary Report should be submitted with the ESR.

MSF from an ICM block counts for that year, but if no ICM block occurs, a General Anaesthesia MSF must be completed (this may take up to 8 weeks to complete using the e-Portfolio, so it is recommended that the MSF is initiated at least 2 months before the expected ARCP submission deadline).

The trainee sends out 15 forms, to a list of colleagues approved by the Educational Supervisor or College Tutor.

A minimum of 8 returns, which must include consultants, is required,.

### **West of Scotland CONSULTANT FEEDBACK FORMS**

Consultant Feedback (CF) is a completely separate process from MSF. It is organised by the relevant College Tutor for each sub-specialty rotation, and, at least annually for general training. 'West of Scotland School of Anaesthesia Consultant Feedback Forms' have been created. Forms are completed by all consultants in each department to assess global aspects of professionalism and ability to perform in the post at the expected level. Consultants return the forms to the College Tutor for collating and feedback to the trainee.

- All Consultant Feedback Summary Forms, available from the relevant College Tutors, must be submitted with the ESR. If no Consultant feedback is submitted, an Outcome 5 will be given. It is the trainee's responsibility but support from the Educational Supervisor is expected.

### **UNIT OF TRAINING SIGN OFF FORM**

- All unit of training sign off forms must be completed on e-portfolio.

Progress with Unit of Training Sign Off forms must be distributed appropriately throughout the various levels of training and it is not acceptable to have all of them completed on the same date.

### **DEANERY FORMS**

- **(One copy of the Deanery Forms should ALSO be returned to the deanery)**
  - Absence declaration form
  - Less than Full Time Training (LTFTT) form (if applicable)
  - OOP update form (for trainees currently OOP)

These forms should be printed, signed, scanned and uploaded onto the e-Portfolio.

### **ARCP OUTCOME FORMS**

- All previous 'ARCP Outcome Forms' from the Deanery must be uploaded onto the e-Portfolio.

### **SOAR REVALIDATION DECLARATION**

- Trainees must ensure their SOAR revalidation declaration is completed and verified by their Educational Supervisor.

All the above documentation is required for a satisfactory outcome. An outcome 5 will result if the submission is incomplete.