

# **Annual Review of Competence Progression**

## **ARCPs**

ST1 induction Oct 2024

## **ARCPs**

- **Review training since the previous ARCP**
- **Ensure future training of maximum benefit**
- **Identify any deficits in knowledge and skills**
- **Ensure all requirements can be met before end of training programme**
- **Know that career plans are realistic**

# Matrix of progression 2024-2025 Curriculum 2024

	Stage One		Stage Two			Stage Three	
	ST1	ST2	ST3	ST4	ST5	ST6	ST7
Curriculum progression	CiP progress appropriate to ST1 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST2 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST3 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST4 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST5 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST6 as per the CiP guides and matrix of entrustability levels.	CiP progress appropriate to ST7 as per the CiP guides and matrix of entrustability levels.
Examinations		MRCOG Part 1			MRCOG Part 2 MRCOG Part 3		
At least 3 summative OSATS ( <i>unless otherwise specified</i> ) confirming competence by more than one assessor.  At least one OSATS confirming competence should be supervised by a consultant  (can be achieved prior to the specified year)	Cervical smear	caesarean section (basic) <sup>□</sup>  Non-rotational assisted vaginal delivery (ventouse)  Non-rotational assisted vaginal delivery (forceps)  Perineal repair  Surgical management of miscarriage/surgical termination of pregnancy <16 weeks  Insertion / removal of IUS or IUCD  Endometrial biopsy	Manual removal of the placenta  Transabdominal ultrasound of early pregnancy  Transabdominal ultrasound of late pregnancy	Hysteroscopy  Diagnostic laparoscopy  3 <sup>rd</sup> degree perineal repair  Vulval biopsy	Simple operative laparoscopy (laparoscopic sterilisation or simple adnexal surgery e.g. adhesiolysis/ ovarian drilling)  Caesarean section (intermediate) <sup>□</sup>  Rotational assisted vaginal delivery (any method)  SITM specific  Subspecialty training specific (if applicable)	SITM specific  Subspecialty training specific	Caesarean section (complex) <sup>□</sup>  Laparoscopic management of ectopic pregnancy  Ovarian cystectomy (open or laparoscopic)  Surgical management of PPH <sup>†</sup>  Surgical evacuation of uterus > 16 weeks (Obstetrics <sup>†</sup> )  SITM specific  Subspecialty training specific
Formative OSATS	Optional but encouraged						
Mini-CEX	✓	✓	✓	✓	✓	✓	✓

CBD	✓	✓	✓	✓	✓	✓	✓
Reflective practice	✓	✓	✓	✓	✓	✓	✓
NOTSS	✓	✓	✓	✓	✓	✓	✓
Training and Evaluation Form (TEF)	TEF completed annually						
Team Observation Forms (TO1 & TO2)	Two separate TO1's and TO2's required annually.						
Recommended courses / required objectives	Basic Practical Skills in Obstetrics and Gynaecology	Basic ultrasound  3rd degree tear course	Obstetric simulation course – ROBUST or equivalent		SITM course	SITM course  Leadership and Management course	SITM course  Leadership and Management course
	CTG training (usually eLearning package) and other local mandatory training  Obstetric simulation course (e.g. PROMPT/ ALSO/other)	Specific courses required as per curriculum to be able to complete basic competencies  Resilience course e.g. STEP-UP					
	The above competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.				The above competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.		

† Surgical management of retained products of conception (Obstetrics) - surgical evacuation of retained products of conception after 16 weeks gestation using suction curettage or a surgical curette

¥ Surgical techniques used by the trainee to control postpartum haemorrhage, including intra-uterine balloons, brace sutures, uterine packing, placental bed compression sutures and hysterectomy

## Expected progress for clinical CiPs

	Stage one			Stage two				Stage three		CCT
Capabilities in practice	ST1	ST2		ST3	ST4	ST5		ST6	ST7	
CiP 9: The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy.	1	2	CRITICAL PROGRESSION POINT	3		4	CRITICAL PROGRESSION POINT		5	CRITICAL PROGRESSION POINT
CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics.	1	2		3		4			5	
CiP 11: The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy.	1	2				3		4	5	
CiP 12: The doctor is competent in recognising, assessing and managing non-emergency obstetrics.	1	2				3		4	5	

## Remember -

1. TO1 – 2 sets - End Jan and May
2. Audit/ QIP – integral part of practice, NHS, CV building
3. Plan exams in time
4. Struggling with exams - PSU support
5. ST5 to ST6 progression – need to have passed part 2 and part 3
6. Start 1 SITM in ST5 ( without exam ) but cannot progress to ST6 or register for 2<sup>nd</sup> SITM
7. Extra training time – 12 months
8. SI are reported from trust to HEE so that we can reach out to you for support and PGD need to be informed as your RO
9. Complaints/ SI – discuss & show reflection to your ES, see GMC guidance about writing reflection, local support – ES/ CT/ MEM
10. Declare Complaints / SI on R form and write reflection of learning in eportfolio
11. Discuss your SITM choices with your ES for guidance.

# **Interim Review & ARCP**

- **See KSS Deanery website for full information**
- **<https://kss.hee.nhs.uk/obs-gynae/training-programme/>**
- **Progression**
  - **ARCP & Interim Reviews**

# **Interim Review**

- **Interim review form by ES & CT . ( May )  
Submitted to KSS team**
- **Interim review form sent by KSS team**
- **Available on KSS website**
- **Review of e-portfolio**
- **Assessment of progress against matrix**
- **Need 1 set of T01**
- **Outstanding items listed and deadline given**



# **Interim Review**

- **Outstanding items listed, deadline given**
- **NO need to complete full year's matrix here**
- **No outcome issued – goals for final ARCP**
- **ARCP – Absentia , In July**
- **Outcome other than outcome 1 should not come as surprise at ARCP**
- **Trainee who are amber / red at IR contacted by TPD for support meeting**

## ARCP Advice

**CHECK FEEDBACK FROM YOUR  
INTERIM REVIEW**

**READ THE TRAINING MATRIX**

## **ARCP - final**

- **ARCP June/ July**
  - **Trainee not present**
  - **Ensure outstanding items from IR achieved**
  - **Progress assessed by a panel of consultants including HoS, TPD, Lay Chair, External Representative**
- **Annual Educational Supervisor Report**
  - **Trainee's responsibility to get this done**
- **Outcome issued**
- **2 week deadline for missing items**

# ARCP Advice

- **IT IS YOUR RESPONSIBILITY TO MEET ARCP REQUIREMENTS**
- **Don't leave assessments to the last minute**
- **Submit all paper work 2 wks before ARCP date - ES report, R form , TO1 , Reflection ( Complaints, SI )**
- **Ensure e-portfolio and CV are regularly kept up-to-date**
- ***Everything* must be on you e-portfolio**
- **Talk to your Educational Supervisor EARLY if you are having difficulties**

# ARCP Advice

- **Keep HEKSS informed of changes in contact details**
- **It is your responsibility to know what will be assessed**
- **If you don't provide evidence by the ARCP date, you cannot be issued with a Satisfactory Outcome - NO exceptions**
- **Check for outcome issued by Panel on the evening of ARCP date**

# **ARCP OUTCOMES**

## **Satisfactory Progress:**

- 1. Achieving progress and competences at the expected rate**

**Unsatisfactory evidence, If you recommend one of the denoted outcomes, you must provide reasons ('U' code) why:**

- 2. Development of specific competences required - additional training time not required**
- 3. Inadequate progress by the trainee - additional training time required**
- 4. Released from training programme with or without specified competences**

## **Insufficient evidence:**

- 5. Incomplete evidence presented - additional training time may be required**

**Recommendation for completion of the training programme (core or higher):**

- 6. Gained all required competences for the programme : Award of CCT**

**COVID outcome 10.1 and 10.2**

## ARCP – common failings

- **Not referring to IR for list of missing items**
- **Not referring to Training Matrix for requirements**
- **Educational Supervisor’s Report not on eportfolio and signed by both ES & trainee**
- **CIP signed off ( entrustability sign off for basic, intermediate , advanced)**
- **Can’t find information – construct a logical, well labelled Other evidence**
- **R form – Not uploaded, not signed**
- **Monthly meetings with ES**
- **CCT proforma ( LTFT/ OOP / All ) mandatory – Other evidence**
- **MRCOG exams - Don’t leave too late**
  - **Part 1 mandatory at ST2**
  - **Part 3 mandatory at ST5**

# Trainee Support

**KSS Deanery is committed to supporting Trainees who are in difficulty or at risk of being in difficulty through the Trainee Support Group**

**Guidance available online:  
[www.ksseducation.hee.nhs.uk/trainee-support/tsgroup/](http://www.ksseducation.hee.nhs.uk/trainee-support/tsgroup/)**



**ALL Trainees are monitored for satisfactory progress, not just those experiencing difficulties.**

**Trainees that may need additional help are discussed by the Trainee Support Group to ensure all routes of support are explored.**

**If you have concerns about your own progress, get in touch early, don't wait!**

**Talk to:            Educational Supervisor (in the first instance), or  
Clinical Tutor, or  
Deanery school administration team**

# ES - Annual Programme

- October
  - introductory appraisal
  - curriculum map
  - educational “contract”
  - **training matrix / SL courses**
- December
  - informal review of progress
- February
  - appraisal & T02
- June
  - appraisal & T02
  - interim review paperwork for Deanery
- May
  - Attend interim reviews
- June
  - **ES report for ARCP**
- July
  - ARCP
  - **WBAs spread evenly throughout attachment**

# Less than Full Time Training

**Category 1:** Childcare Responsibilities  
Disabled or Health Reasons  
Caring Responsibilities

**Category 2:** Own personal/professional development and this will affect their ability to train full time (e.g. training for national/international sporting events or a short-term extraordinary responsibility such as a national committee).

**Category 3:** Where trainees can choose to train LTFT as a personal choice which is not subject to any judgement and is only limited by service considerations

Window for application on KSS portal

16 wks notice to HEE and Trust for change of LTFT %

Once placed in rotation change LTFT to FT depends on capacity.

CCT proforma – mandatory for ARCP

# Rotations

- Preference sheets for next post- April / May
- Decision based primarily on educational needs
- All relevant information should be mentioned on preference sheet
- Placements not changed once finalised
- ST1- ST2- ST3
- London placements
- Prev yrs placements taken into consideration
- **Final placement is what you see on TIS on date of release. Anything before that is subject to change as it is live database .**
- Matching for SITM
- ES letter to support SITM
- Maternity Leaves – Inform KSS on portal, SRTT plan , meeting
- OOP – Choose area of interest / Subspec
  - D/w with ES and TPD
  - OOP panel – Score sheet

# Acceleration of Training

1. Request acceleration at penultimate ARCP - ST6
2. Direct ST3 – previous training reviewed and acceleration considered at end of ST3 year.
3. For acceleration, you need letter from ES supporting acceleration, discuss with TPD and informed at Interim review
4. All acceleration are subject to agreement form PGD
5. Direct ST3 – need evidence on e portfolio about completion of training matrix for the years requesting acceleration

Thank You