

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

Cardiothoracic Surgery

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)

- It is your responsibility to arrange an objective setting meeting with your AES within four weeks of starting your post.
- All trainees must complete a Learning Agreement (LA) on ISCP with their AES for each 6-month placement. Placements should be created on ISCP in two, 6-month blocks if you are placed at the same site for a year.
- Topics & Progress: Your AES should review the evidence you have collated relating to the topics in your LA and set an outcome for each topic as appropriate for your progress. Please note most topics will be deemed to be 'In Progress' and only 'Satisfactory' towards the end of each stage of training.
- An interim meeting with your AES should take place at around three months.
- Please note that for an ARCP, all parts of the LA (objective setting, interim review, final meeting and AES report) **MUST** be fully completed.
- Following completion of the LA, your AES should complete and sign the AES report.
- You will need at least three comments from a Clinical Supervisor (CS) for this report to be signed off (ideally your CS should provide comments prior to your objective setting meeting, your interim 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.

Workplace Based Assessments (WPBAs)

- You are expected to carry out at least 1 WPBA per week and complete a minimum of 40 WPBAs per year consisting of:
 - A minimum of 13 PBAs
 - A minimum of 13 CbDs
 - A minimum of 11 CEXs
 - A minimum of 2 CEX for Consent
 - 1 MSF
- Your WPBAs should be carried out in a variety of settings with a variety of assessors.
- WPBAS should be spread out evenly throughout the training year.
- WPBAs should 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 should be validated as the panel will not be able to see any un-validated assessments.
- You must ensure that comments on WPBAs are available to your AES / 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: www.iscp.ac.uk/curriculum/surgical/assessment_practicalities.aspx

Multi-Source Feedback (MSF)

- You should complete an MSF annually - approximately 4 months into your first placement. 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-assessment, 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-assessment for your current MSF.
- You should meet with your AES to discuss and sign off your MSF before your ARCP. If you don't it won't be visible to the panel and will not be considered as evidence.

Audit

- JCST does not specify a minimum number of audits, however you are expected to have an active involvement in audit and make progress with a project in each placement on the rotation, you should aim to complete an audit every 12 months.
- You will need to provide evidence of the completion of an audit (loop closed) within the two years prior to certification.
- 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 complete an assessment of audit (AoA): www.iscp.ac.uk/curriculum/surgical/assessment_audit.aspx

Research

- You will need to upload to ISCP evidence of:
 - Study of research methodology or a higher degree.
 - Four papers published in peer-reviewed journals, two of which should be completed as first author.
 - Delivering six presentations at national / international meetings, two of which must have been presented internationally.
 - Completion of a Good Clinical Practice (GCP) course in Research Governance and a research methodologies course.

Clinical & Operative Experience

- You should have had exposure to both adult cardiac and thoracic surgery. You must be able to demonstrate that you are keeping your knowledge and skills up to date.
- You must be able to demonstrate knowledge and understanding of the management of the following critical conditions:
 - Aortic dissection
 - Stridor

- Secondary pneumothorax / tension pneumothorax
 - Cardiac tamponade
 - Acute haemothorax
 - Low cardiac output following cardiac surgery
 - Endocarditis-native or prosthetic valve
 - Respiratory failure following thoracic surgery
- You will need to demonstrate competence across a broad range of cardiothoracic procedures to level 3 or 4 as evidenced by completed PBAs.

Indicative Numbers

- You will need to achieve a minimum of 250 major cases, the majority of which should be in the area of special interest.

Procedure (Cardiac)	Notes
CABG	Including off-pump, T-grafts & sequential grafting
Valve Repair / Replacement	Either alone or in combination with CABG or any other cardiac procedure
Other major cardiac surgical cases involving cardiopulmonary bypass (CPB)	Post infarct ventricular septal defect (VSD) repair, excision of atrial myxoma or pericardiectomy
Implantation of the Heart or Lung	
Heart - Lung Block Retrieval	
Any Congenital Cardiac Procedure	Atrial septal defect (ASD), VSD closure, patent ductus arteriosus (PDA) ligation etc)
Procedure (Thoracic)	Notes
Anatomical Lung Resection	VATS / robotic / open
Correction of Pectus Deformity	
Decortication	
Thoracotomy for Trauma	
Chest Wall Resection & Reconstruction	
Tracheal Resection	
Surgery of Secondary Pneumothorax	VATS / open

Logbook

- You should ensure your logbook is up to date in time for the ARCP. If your logbook is not linked to ISCP on the day of 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 (this is to cover the period from starting higher training to the date of your review).

Syllabus

- You should use the most up to date syllabus available on ISCP:
https://www.iscp.ac.uk/curriculum/surgical/surgical_syllabus_list.aspx

Medical Education

- You will need to have evidence uploaded to ISCP of completing courses in training and education by the time of your CCT.

Management and Leadership

- You will need to upload evidence to ISCP to demonstrate completion of courses in NHS management by the time of your CCT.

Educational Conferences, Courses and Qualifications

- You will need to provide evidence of having attended a major national or international meeting for each year of training.
- There are no specific courses or qualifications required for CCT in cardiothoracic surgery.

Teaching Attendance

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

Examinations

- Trainees will be expected to detail all examination attempts and results in the other evidence section of ISCP under examinations. If you have passed an exam, please ensure you upload evidence to ISCP (e.g. exam certificate, email from the exam body confirming the pass etc).

Reflective Writing

- You should complete at least three pieces of reflective writing per year and upload them as a word document in the “Other evidence” section under the heading “Miscellaneous” titled “Reflective Practice 1”, etc.

Curriculum Vitae & PDP

- You will need to upload an up to date copy of your CV to ISCP for the ARCP.
- The ARCP panel will review the evidence section of your ISCP portfolio so please ensure it is up to date with details of courses, publications etc. and reflects the information on your CV.
- You will need to upload a copy of your current timetable to the evidence section of ISCP. This timetable should be for your current post and should clearly identify your duties.
- 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.

Joint Clinical and Academic Training Programmes

- Trainees who are undertaking joint clinical and academic training programmes (Academic Clinical Fellowship / Lectureship) need to submit an academic report by the deadline set in the ARCP email sent to you.

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 their ARCP or Interim Progress Review.

JCST Trainee Survey

- You must complete the JCST survey for each placement via ISCP.

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.

The links to the Form R (Part A&B) are:

- Form R Part A: <https://www.nwpgmd.nhs.uk/form-r-part>
- Form R Part B: <https://www.nwpgmd.nhs.uk/form-r-part-b>

Previous Objectives

- If you have been issued with SMART objectives these will be reviewed at the ARCP to ensure that you are making progress in 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 <https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists/> for further information.