

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

## Plastic Surgery

Below is an outline of the requirements for completion of Plastic Surgery 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). **The evidence detailed below must be available on ISCP 2 weeks prior to the date of your ARCP, evidence uploaded after this date may not be considered by the panel.**

### 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 (two months for those in 4-month placements).
- 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 DOPs and/or PBAs
  - A minimum of 13 CbDs
  - A minimum of 13 CEXs (Of which at least 2 should be a CEX for Consent)
  - 1 MSF
- Your WPBAs should be carried out in a variety of settings with a variety of assessors with at least 50% by your AES or other consultant raters.

- 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](http://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

- You need to provide evidence of the completion of one audit per year, where you are the principle person responsible for the audit.
- Each completed audit must be presented locally.
- During the course of the training programme, audit must include a review of personal outcomes.
- 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](http://www.iscp.ac.uk/curriculum/surgical/assessment_audit.aspx)

### Research

- You need to provide evidence on ISCP of the demonstration of critical appraisal and research skills it is expected that you will complete at least one of the following per year:
  - Publications – For CCT you need two first author publications.
  - Presentations.
  - Posters.
  - Higher degree.
- You will also need to have completed the following:
  - Good Clinical Practice (GCP) course in Research Governance within three years of CCT (ST3 and ST8 trainees must ensure that their GCP is up to date, this will be reviewed at your ARCP / interim review).
  - Research methodologies course.

## Clinical Experience

- You must have completed a training programme rotating through posts in a minimum of two centres, whose higher surgical training posts are compliant with the JCST / SAC QIs 1 to 9 and 10 to 17. Clinics need to conform to Plastic Surgery UK guidelines.
- You need to be competent in the management of procedures allied to emergency care and demonstrate experience in the management of the range of elective sub-specialty areas as defined by the curriculum of Plastic, Reconstructive and Aesthetic Surgery.
- You need to be trained in sub-specialty clinics across the range of Plastic Surgery (essential areas are in **bold**):
  - Cutaneous plastic surgery: skin cancer, benign lesions, vascular malformations, laser surgery.**
  - Hand surgery:** congenital, elective, **trauma / emergency**, rehabilitation.
  - Head and neck surgery: cancer, facial palsy, facial skeletal trauma\*, **soft tissue reconstruction** (\*a basic working knowledge of this area is required).
  - Breast surgery: **aesthetic**, reconstruction.
  - Paediatric plastic surgery: **general**, cleft lip and palate, cranio-facial, hypospadias.
  - Burns: acute management / intensive care, reconstruction.**
  - Sarcoma.
  - Oculoplastic: aesthetic, reconstructive.**
  - Aesthetic/Cosmetic:** Facial and other rejuvenation procedures, body contouring procedure, surgery for massive weight loss, non-surgical procedures.
  - Lower limb trauma: acute management, reconstruction,** rehabilitation.
  - Genito-urinary reconstruction: BXO, penile cancer, gender reassignment (and ancillary procedures), vulval / perineal reconstruction.
  - Microsurgery e.g. revascularisation, replants, free tissue transfers.**

## Operative Experience / Indicative Numbers

- You must have undertaken (either as sole operator or with assistance) 2,100 logbook operative procedures during the 6-year training programme (as principle surgeon) in recognised training units.
- You must be able to demonstrate areas of special interest by evidence of experience of advanced surgical procedures in your logbook, particularly in the latter years of training.
- You must be able to demonstrate competence in the range of emergency and elective procedures and achieve the indicative numbers indicated below, the procedures are to have been performed as the primary surgeon or performed with senior assistance:

Procedure / Competency	Trainees Number	Indicative Number	Minimum Number
<b>Electives:</b>			
Dupuytren's contracture surgery		24	15
Lymph node surgery		15	10
Free tissue transfer		27	16
Breast reconstruction		40	20
Aesthetic (performed / assisted)		100	50
Excision skin lesion		100	70
Cleft surgery (performed/assisted)		35	20

Procedure / Competency	Trainees Number	Indicative Number	Minimum Number
<b>Emergency:</b>			
Zone 1-2 flexor tendon repair		30	16
Microvascular anastomosis		35	20
Burns resuscitation		18	16
Excisional burns surgery		60	30
Hand fracture fixation		45	30
Neurosynthesis		50	30
Lower limb trauma		50	25

## Operative Competence

- You should be exposed to all the Technical Skills and Procedures (TSPs) in the curriculum specified for intermediate years (ST3-ST6 inclusive).

## Logbook

- You should ensure your logbook is up to date in time for the ARCP or interim review. If your logbook is not linked to ISCP the panel will not be able to assess your progress.
- For your ARCP or interim review you will need to upload a Word version of your SAC indicative numbers logbook (in the format above) to the Other Evidence section of ISCP (this is to cover the period from starting higher training to the date of your ARCP or interim 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](https://www.iscp.ac.uk/curriculum/surgical/surgical_syllabus_list.aspx)

## Medical Education

- You need to provide evidence of engagement in teaching and education, this could include teaching on a course; organising a course/conference; a diploma certificate or degree in education.
- You need to attend a Training the Trainers course or equivalent during training and evidence on ISCP.

## Management and Leadership

- You must be able to demonstrate management and leadership skills, evidence for this needs to be uploaded to ISCP.

## Educational Conferences, Courses and Qualifications

- You need to be able to provide evidence of having completed ATLS or APLS during higher training, the certification must be current at the time of certification.

## Teaching Attendance

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

## Examinations

- Trainees are 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 an annual PDP on ISCP, 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](mailto:surgery.nw@hee.nhs.uk) at the earliest opportunity.

## Power Point Presentation

- For your interim review you will need to prepare a 3-page Power Point presentation:
  - Page 1: Clinical achievements
  - Page 2: Non-clinical achievements (ACF, teaching, management etc.)
  - Page 3: Goals / aspirations for the year ahead
- Presentations should be sent to: [surgery.nw@hee.nhs.uk](mailto:surgery.nw@hee.nhs.uk) by the deadline provided.

## Certification Guidelines & Checklists

- 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.