

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

West Sector Trauma & Orthopaedics

Below is an outline of the requirements for completion of Trauma & Orthopaedic 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).

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 60 WPBAs per year consisting of:
 - A minimum of 40 PBAs
 - A minimum of 10 CbDs
 - A minimum of 10 CEXs (Of which 2 should be 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; (you should ensure that **all PBAs** are assessed by consultants).
- WPBAS should be spread out evenly throughout the training year.

- Assessments 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

- You are expected to have an active involvement in audit and make progress with a project in each placement on the rotation. You should complete a minimum of one audit per year.
- You will need to have completed two closed loop audits prior to CCT, and these need to be evidenced by an appropriate WPBA.
- 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 must complete:
 - Good Clinical Practice course in Research Governance within 3 years of certification.
 - Evidence of research methods training or completion of a research methodologies course.
 - Evidence of journal club activity/literature review evidenced by a CBD or the publication of a reflection from the journal club.
- You must also complete two of the following:
 - Higher degree completed at any time (MSc, MPhil, MD, PhD)
 - Authorship in any position (including corporate or collaborative) of two PubMed cited papers relevant to the specialty, not including case reports.
 - A minimum of two presentations at national or international meetings.
 - Evidence of recruiting ≥ 5 patients into a research ethics committee approved study or ≥ 10 patients into a multi-centre observational study.

- Advanced research evidence (These may be used as alternatives to the list immediately above:
 - Membership of a trainee research collaborative demonstrated by either a committee role of ≥24 months or running a collaborative project on a steering group or as a local lead.
 - Membership of an NIHR portfolio study management group.
 - Co-applicant on a clinical trial grant application to a major funding body.

Clinical Experience

- You must provide evidence of clinical experience and exposure to the breadth and generality of Trauma & Orthopaedic Surgery.
- You must provide evidence of participation in an average of three operating lists and two outpatient clinics (including fracture clinic) per week.
- You must be able to recognise and deal with the following critical conditions with appropriate WPBA evidence:
 - Compartment syndrome (any site)
 - Neurovascular injuries (any site)
 - Cauda equina syndrome
 - Immediate assessment, care and referral of spinal trauma
 - Spinal infections
 - Complications of inflammatory spinal conditions
 - Metastatic spinal compression
 - Painful spine in the child
 - Physiological response to trauma
 - Painful hip in the child
 - Necrotising fasciitis
 - Diabetic foot
 - Primary and secondary musculo-skeletal malignancy
 - Major trauma resuscitation (CEX)

Indicative Numbers

- You will need to achieve a minimum of 1,800 cases prior to CCT with 70% as first surgeon (1,260 cases).
- You will need to achieve the required numbers for the indicative procedures detailed below:

Competency	Indicative No	Notes, including acceptable cases
Elective		
Major joint arthroplasty	80	Total hip, knee, shoulder, ankle replacements
Osteotomy	20	1 st metatarsal, proximal tibia, distal femur, hip, humerus, wrist, hand, paediatric, spinal. NOT allowed are Akin, lesser toe and MT 2-5 osteotomies
Nerve decompression	20	Carpal tunnel, cubital tunnel, tarsal tunnel, spinal decompression, discectomy
Arthroscopy	50	Knee, shoulder, ankle, hip, wrist, elbow
Emergency / Trauma		
Compression hip screw for intertrochanteric fracture neck of femur	40	

Hemiarthroplasty for intracapsular fracture neck of femur	40	
Application of limb external fixator	5	
Tendon repair for trauma	10	Any tendon for traumatic injury (includes quadriceps and patella tendon)
Intramedullary nailing including elastic nailing for fracture or arthrodesis	30	Femur shaft, long CMN for subtrochanteric fracture, tibia shaft, humerus, hindfoot nail, arthrodesis e.g. knee
Plate fixation for fracture or arthrodesis	40	Ankle, wrist, hand, femur, tibia, humerus, forearm, clavicle, arthrodesis e.g. wrist
Tension band wire for fracture or arthrodesis	5	Patella, olecranon, ankle, wrist, hand
K wire fixation for fracture or arthrodesis	20	Wrist, hand, foot, paediatric
Children's displaced supracondylar fracture	5	Displaced fracture by internal fixation or application of formal traction
TOTAL	365	

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).

Medical Education

- You will need to provide evidence of commitment to teaching, this can be by attending the 'Training the Trainers' or equivalent course and uploading evidence to ISCP of giving at least one lecture or presentation per year on a teaching programme with written feedback.

Management and Leadership

- You will need to upload evidence to ISCP to demonstrate leadership and management, this can be a management course or module via Edge Hill.

Educational Conferences, Courses and Qualifications

- You will need to have a valid ATLS certificate at the time of CCT.
- You will need to upload to ISCP evidence of your attendance at specialty relevant educational courses, conferences and meetings.

Syllabus

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

Teaching Attendance

- Attendance at the teaching programme is mandatory and a minimum of 70% attendance is required. For every teaching session attended you should complete the feedback form.

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) will need to submit a report from their research supervisor prior to their ARCP or Interim Progress Review.
- Trainees who are 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 and Checklists

- You should familiarise yourself with the certification guidelines for your specialty, please see <https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists/> and complete and upload to ISCP the relevant JCST waypoint checklist.
- You must also complete the CCT checklist and upload to ISCP prior to every ARCP and interim review.