

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

General Surgery (East Sector)

Below is an outline of the requirements for completion of General 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.
- An interim meeting with your AES should take place at around three months into the 6-month placement (two months for those in 4-month placements).
- A final meeting with your AES should take place prior to each Interim Progress Review and ARCP. Following completion of the final meeting, your AES should complete and sign off the AES report.
- **IMPORTANT:** Before each Interim Progress Review or ARCP, all parts of the Learning Agreement (objective setting, interim review, final meeting and AES report) **MUST** be fully completed and signed off by you and your AES.
- 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.
- 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.

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 CbdDs
 - A minimum of 13 CEX (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.
- 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 requires you to complete or supervise three audit or service improvement projects during specialty training, with at least one of these being closed loop.
- Please note that although JCST only require three audits during training, HEE expects you 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.
- 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 should undertake research during training and provide evidence on ISCP of:
 - Three peer reviewed papers published in an indexed journal - case reports do not count. These should not include collaborative publications unless there is an accompanying letter from the senior author / supervisor to prove significant contribution.
 - Three first author presentations at a regional, national or international meeting.
 - Completion of Good Clinical Practice (GCP) course in Research Governance.
 - Completion of a research methodologies course.

Clinical Experience

- In ST3 & ST4 you should aim to complete 12 months GI, 6 months vascular and 6 months breast / transplant / endocrine / GI.
- In ST5 & ST6 you should complete 12 months upper GI and 12 months colorectal or 12 months GI and 12 months special interest.

- In ST7 & ST8 you should complete 24 months special interest.
- You will undertake emergency general surgery throughout your training.
- You will need to complete case-based discussions showing satisfactory performance in:
 - 10 different conditions from the range of emergency general surgery.
 - 10 different aspects of your special interest.
 - 10 different conditions from other areas of general surgery.

Indicative Numbers

- You will need to achieve a minimum of 1,600 cases, excluding endoscopy.
- You will need to achieve the minimum indicative operation numbers for general surgery (P, T, STU, STS) detailed below:

Competency / Procedure	Minimum Required
General: All Trainees	
Inguinal hernia	60
Cholecystectomy	50
Emergency laparotomy (<i>Total to include Hartmann's & Segmental colectomy</i>)	100
Hartmann's	5
Segmental colectomy	20
Appendicectomy	80
Breast Special Interest	
Breast lump excision	40
Mastectomy	50
Sentinel node biopsy	70
Axillary clearance	45
Colorectal Special Interest (<i>Some colonic resections should be laparoscopic</i>)	
Anterior resection	30
Fistula surgery	20
Segmental colectomy	50
Haemorrhoidectomy	15
Prolapse surgery	4
UGI Special Interest (<i>Some trainees will choose to focus primarily on benign and others on resectional</i>)	
Major UGI procedures (<i>Includes anti-reflux, obesity and upper GI / HPB resection</i>)	35
Cholecystectomy	110
Transplant Special Interest (<i>Current curriculum has no indicative numbers</i>)	
Cadaveric multi-organ retrieval	
Kidney transplant	
Insertion of PD catheter	
Creation of AV fistula	

Operative Competence

- You will need to provide evidence of competence in indicative operative procedures as evidenced by completing and presenting at least three PBAs by different assessors for each of the procedures under “General - All Trainees” and for each of the procedures under at least one special interest area:

Procedure / Competency	PBA Level Required X3
General - All Trainees	
Hernia repair – all types	Level 4
Emergency laparotomy	Level 4
Cholecystectomy (both laparoscopic and open)	Level 4
Hartmann’s procedure	Level 4
Segmental colectomy	Level 4
Appendicectomy	Level 4
Breast Special Interest	
Breast lump excision	Level 4
Image guided breast excision	Level 4
Mastectomy	Level 4
Sentinel lymph node biopsy	Level 4
Axillary clearance	Level 4
Duct and nipple surgery	Level 4
Implant reconstruction	Level 4
Pedicle flaps	Level 2
Mammoplasty: augmentation and reduction	Level 4
Colorectal Special Interest	
Anterior resection (high)	Level 4
Segmental colectomy	Level 4
Fistula surgery	Level 4
Surgical treatment of haemorrhoids	Level 4
Colonoscopy - diagnostic	Level 4
Prolapse surgery	Level 4
Upper GI Special Interest (PBAs are required in HPB resection or major OG surgery)	
Oesophago-gastro-duodenoscopy	Level 4
Cholecystectomy	Level 4
Liver resection	Level 3
Pancreatic resection	Level 3
Anti-reflux surgery (both laparoscopic and open)	Level 4
Oesophagectomy	Level 3
Gastrectomy	Level 3
Transplant Special Interest	
Cadaveric multi-organ retrieval	Level 4
Kidney transplant	Level 4
Insertion of PD catheter	Level 4
Creation of AV fistula	Level 4

Critical Condition CbDs

- The 2013 General Surgery Curriculum contains the requirement for 10 CbDs to certification level in each of:
 - Emergency general surgery (x10)
 - The trainee's special interest (x10)
 - All the other components of general surgery together (x10)
- It is expected that the topics chosen for these requirements should include the conditions on the list of critical conditions below:

General:

- Assessment of the acute abdomen - Include differential diagnosis, operative and conservative treatment in the discussion
- Strangulated / obstructed hernia
- Intestinal obstruction - Include small and large bowel obstruction in the discussion
- Post-operative haemorrhage - Include different operative sites (e.g. neck surgery) in the discussion
- Acute gastrointestinal haemorrhage - Include both upper and lower GI bleeding in the discussion
- Blunt / penetrating abdominal injury - Include physiological response and management of blunt and penetrating injury in the discussion
- Necrotising fasciitis - Include other severe soft tissue infections in the discussion (e.g. diabetic foot infection)
- Sepsis - Include recognition and management in the discussion

Colorectal:

- Acute colitis / toxic megacolon
- Lower GI anastomotic leak
- Faecal peritonitis

UGI

- Biliary sepsis - Include all causes and their management in the discussion
- Acute pancreatitis
- Oesophageal perforation
- Upper GI anastomotic leak

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 need to attend a Training the Trainers course or equivalent during training and evidence on ISCP.
- You need to provide evidence of having been involved in teaching by presenting written feedback.

Management and Leadership

- You need to have completed a course on health service management during training and evidence on ISCP.
- You need to provide evidence of undertaking management related activity and upload to ISCP.

Educational Conferences, Courses and Qualifications

- You need to provide evidence on ISCP of attendance at a minimum of four national or international meetings.
- You must have a valid ATLS provider or instructor credential at the time of certification.
- You will need evidence of attendance at a course in a topic relevant to your special interest.

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 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 & Covid-19 Declaration

- Refer to the guidance in the e-mail sent with the details of your ARCP.

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.

Power Point Presentation

- For your interim progress 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 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.
- You must complete and upload to the “Other Evidence” section of ISCP the relevant benchmarking guidelines or certification checklist prior to every interim review and ARCP:
 - **ST3 & ST4 trainees complete and upload the ST4 benchmarking guidelines**
 - **ST5 & ST6 trainees complete and upload the ST6 benchmarking guidelines**
 - **ST7 and ST8 trainees must complete and upload to the “Other Evidence” section of ISCP the certification checklist prior to their ST7/ST8 interim reviews and ARCPs.**