

## Global Objectives and ARCP Requirements for North West Core Surgical Trainees

Below is an outline of the requirements for completion of Core Surgical Training (CST) and the competencies you are expected to achieve at various stages of your Core Surgical Training.

**You are expected to join the [ISCP website](#), assign a TPD, and actively engage with ICSP from the beginning of your training programme. For trainees on run-through programmes, [please refer to the guidance on how to enter your placements on ISCP](#).**

**This guidance, along with the checklists, is also available on HEE North West's website at: [https://www.nwpgmd.nhs.uk/Specialty\\_Schools/Surgery/Core\\_Surgical\\_Training/ARCP\\_Requirements](https://www.nwpgmd.nhs.uk/Specialty_Schools/Surgery/Core_Surgical_Training/ARCP_Requirements)**

### Syllabus

You should familiarise yourself with the CST syllabus (2021 PDF document), which can be accessed via this link: <https://www.iscp.ac.uk/media/1156/appendix-2-core-surgical-training-syllabus.pdf>

By the end of the Core Surgical Training Programme you are expected to have:

1. Completed the common content module;
2. Completed the core specialty module for each 6-month placement relating to the specialty of the post, and;
3. Completed the ST3 preparation module for your chosen specialty.

### Meeting with your Assigned Educational Supervisor (AES)

It is your responsibility to arrange an objective setting meeting with your AES within 3 weeks of starting your posts. Use the syllabus and these objectives as a guide to set yourself specific and achievable objectives for each placement.

Mid-point reviews should take place by the mid-point the end of the second month in post.

A Clinical Supervisor(s) Multi Consultant Report (MCR) should be completed **before** the mid-point and final meeting with your AES. You should also complete a self-assessment in the same way as CSs complete the MCR, using the same form and describing self-identified areas for development with free text or using CiP or GPC descriptors.

A final meeting and a final AES report (please note that final meeting and final AES report are not the same) must be completed for each placement (this includes every 4-month placement e.g. Plastics placements) and be validated by both trainer and the doctor in training before the deadline date for ARCP and Interim Progress Review evidence submission.

If you are unable to complete the objective setting, interim review or final meeting with your AESs by the dates outlined above, then you should email your TPD ( copying in your AES in the email) informing them and outlining the reasons why you have had difficulty completing it in time.



## Workplace Based Assessments (WPBAs)

You are expected to complete a minimum of 3 Case Based Discussions (CbDs), 3 Clinical Evaluation Exercises (CEXs) and 3 DOPS and/or PBAs for each six-month placement; with at least 50% of the minimum number for each WPBA type validated by a consultant who is a GMC approved trainer and recognised as a consultant on ISCP. This may require the consultant to contact the ISCP helpdesk to ensure that they are designated as such within ISCP, you may need to prompt your consultant to do this.

You are expected to complete the mandatory WPBAs as outlined in the [CST 2017 syllabus](#) **before the first Interim Progress Review in CT1/ST1**. The mandatory WPBA checklist, is available on [HEE North West's website](#), and must be uploaded to the "Other Evidence" section of ISCP under "Miscellaneous" before the deadline date for Interim Progress Review evidence submission.

You should aim to complete a minimum of 3 DOPs / PBAs for most of the index procedures on the ST3 Preparation Module checklist before the end of CT2/ST2.

## Multi-Source Feedback (MSF)

You should complete at least one (MSF) per year. It is advisable to start to identify your raters and complete a self-assessment in month 4 of your placement so it's completed prior to your final meeting with your educational supervisor.

## Audit

You should complete and present or publish a minimum of one audit per year (preferably a closed loop audit) and upload the evidence to the "Other Evidence" section of ISCP under "Audit".

At least one assessment of audit WPBA (AoA) must be completed by a consultant and evidenced on ISCP during core training.

## Reflective Practice

You should complete at least one reflective piece per 6-month placement, in addition to that on WPBAs, and upload them as a word document titled "Reflective Practice 1", etc. to the "Other Evidence" section of ISCP under "Miscellaneous".

## Regional Teaching

A minimum of 70% attendance at regional teaching sessions is mandatory for each placement. A record of attendance for each full day of teaching is kept centrally. If you are not able to attend a teaching session for valid reasons an email should be sent to [susan.walsh@mft.nhs.uk](mailto:susan.walsh@mft.nhs.uk), **with your AES copied in to the email**, explaining the reasons for your non-attendance.

## Courses

You must have completed an ATLS or APLS course by your Interim Progress Review in your CT2/ST2 year. Evidence of completion of these courses, even if they were completed before you

started CST, must be uploaded in the “Other Evidence” section of ISCP under the “Courses / e-learning” heading. You are encouraged to attend relevant courses to help you complete the ST3 specialty preparation module requirements.

## Logbook

You must keep an up to date logbook on ISCP. As a guide you are expected to have been involved in a minimum of 60 cases for each 6-month placement. You should refer to the CST syllabus (2021) (<https://www.iscp.ac.uk/media/1156/appendix-2-core-surgical-training-syllabus.pdf>) and the relevant core specialty and ST3 specialty module checklists (available at [https://www.nwpgmd.nhs.uk/Specialty\\_Schools/Surgery/Core\\_Surgical\\_Training/ARCP\\_Requirements/#Checklist](https://www.nwpgmd.nhs.uk/Specialty_Schools/Surgery/Core_Surgical_Training/ARCP_Requirements/#Checklist)) to get an indication of index procedures you are expected to be involved in and the level of competency you are expected to achieve for each specialty.

**You should aim to complete a minimum of 3 DOPS / PBAs for most of the index procedures on the ST3 Preparation Module checklist before the end of CT2/ST2.**

## Membership of the Royal College of Surgeons (MRCS)

You are expected to sit and pass MRCS Part A by the end of your CT1/ST1 year. You must have passed the MRCS Part B or DO-HNS Part 2 by the end of Core Surgical Training. Possession of DO-HNS without MRCS is not an adequate qualification to satisfy the requirements of the curriculum. Evidence of **every** MRCS attempt must be entered on your ISCP portfolio in the “Other Evidence” section under “Examinations”, using the titles “MRCS Part A – PASS” or MRCS Part A – Unsuccessful” etc.

## Form R

The Form R is a mandatory requirement from the GMC for all ARCPs. From August 2022, only Part B of the Form R needs to be completed for every ARCP (the Form R is not required for Interim Progress Reviews and the Form R Part A is no longer required for ARCP).

The Form R must be completed within 4 weeks of the ARCP and by the deadline for evidence submission. 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.

It is important any ongoing or closed investigations/complaints since your last Form R are included.

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.

**IMPORTANT:** From August 2022, all Form Rs must be completed via [TIS Self Service \(TSS\)](#). Old style form Rs (Word or PDF versions) will not be accepted.

To use TSS you must first sign up using the email address that HEE have recorded for you. Trying to sign up with any other email address means the sign up process will fail.

[Click here to access TIS Self Service \(TSS\) sign up guidance](#)

[Click here to access a TIS Self Service \(TSS\) user guide](#)

## Concerns/Difficulties

Doctors should raise any concerns initially with their CS or AES. Doctors in training/supervisors should contact the Surgical Tutor for their Trust or the Training Programme Director if there are any ongoing concerns at an early stage.

## ARCP

The ARCP Assessment panel reviews the evidence provided by you and your supervisor before deciding on the outcome. As such, it is essential that you upload the evidence as requested and by the deadline stated.

**You must complete the ARCP checklist and upload it to the “Other Evidence” section of ISCP under “Miscellaneous” by the deadline for each ARCP and Interim Progress Review.**

**You must also complete the relevant core specialty and ST3 specialty preparation module checklist and upload to ISCP by the deadline for each ARCP and Interim Progress Review. The checklists are available at:**

[https://www.nwpgmd.nhs.uk/Specialty\\_Schools/Surgery/Core\\_Surgical\\_Training/ARCP\\_Requirements#Checklist](https://www.nwpgmd.nhs.uk/Specialty_Schools/Surgery/Core_Surgical_Training/ARCP_Requirements#Checklist)

You should attend at least one face to face meeting a year (commonly the Interim Progress Review halfway through the year). The ARCP Assessment Panel is not face to face, it is a review of the evidence you have provided on ISCP. If your progress is not deemed to be satisfactory you will be required to attend a face to face ARCP Feedback panel a few weeks after the ARCP Assessment Panel.

The ARCP and Interim Progress Review dates can be found on the HEE North West website:

**East Sector (Greater Manchester, Lancashire & South Cumbria):**

[https://www.nwpgmd.nhs.uk/Specialty\\_Schools/Surgery/Core\\_Surgical\\_Training/East/ARCP](https://www.nwpgmd.nhs.uk/Specialty_Schools/Surgery/Core_Surgical_Training/East/ARCP)

**West Sector (Cheshire & Merseyside):**

[https://www.nwpgmd.nhs.uk/Specialty\\_Schools/Surgery/Core\\_Surgical\\_Training/West/ARCP](https://www.nwpgmd.nhs.uk/Specialty_Schools/Surgery/Core_Surgical_Training/West/ARCP)

You must ensure that you are available to attend the Interim Progress Review and the ARCP Feedback Panel (if required). As such, you should avoid booking holidays on those dates and inform your host trust well in advance.

## Checklists for ARCPs and Interim Progress Reviews

The ARCP and interim review checklist must be completed and uploaded to ISCP for every interim progress review and ARCP.



One core specialty module checklist must be completed and uploaded to ISCP for every post (including every 4 month post). Please complete the correct specialty checklist for the post.

Please complete one ST3 preparation module checklist for your chosen specialty and upload to ISCP before your ST2/CT2 interim progress review you must also update the checklist and upload to ISCP before your ST2/CT2 ARCP. One ST3 preparation module must be completed before the end of core training.

All mandatory WPBAs as listed in the Core Surgical Training Curriculum (2017) must be completed before your first Interim Progress Review in CT1/ST1. Please upload a completed "Mandatory WPBA checklist" to ISCP.

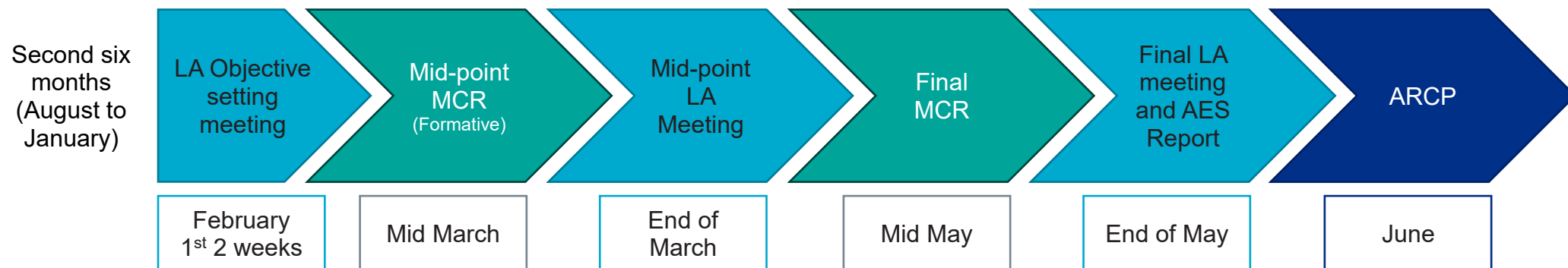
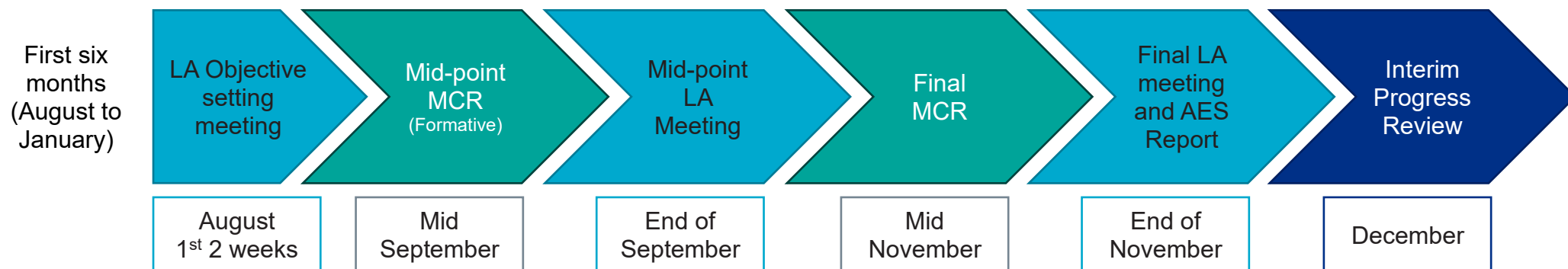
All evidence must be uploaded on ISCP by the deadline advertised.

Checklists can be downloaded here:

[https://www.nwpgmd.nhs.uk/Specialty\\_Schools/Surgery/Core\\_Surgical\\_Training/ARCP\\_Requirements#Checklist](https://www.nwpgmd.nhs.uk/Specialty_Schools/Surgery/Core_Surgical_Training/ARCP_Requirements#Checklist)

## Learning Agreement (LA) and Multi Consultant Report (MCR) timeline

August start, two six-month placements



Adapted with permission from Euan Green, Urology Training Programme Director (Greater Manchester, Lancashire and South Cumbria sector)