Higher Specialty Training ST4-6 Emergency Medicine Training In Wessex

Trainee Guide 2020

+

ARCP Guide ST4-6
Emergency Medicine

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Wessex School of Emergency Medicine

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Welcome from the Head of School:

August 2019

Dear New Trainees

I would like to start by welcoming you all to the Wessex Higher Specialist Training Programme. We are proud of our reputation for excellent training, in particular:

- We have some of the best results for FRCEM in the UK and are usually in the top 4 nationally for overall trainee satisfaction in the GMC survey
- Our commitment to training is demonstrated by presence of examiners and engaged, enthusiastic educational supervisors in every department.
- We run:
    - An annual mock FRCEM exam, **attended by all HST**.
    - Critical appraisal and quality improvement training
    - Level 1 US training and sign off
    - Comprehensive SIM programme
    - QI Project Presentation Evenings
    - Regional EM leadership training events
- Our regional trainee association, WREMTA, organises 15 protected training days per year which are trainee-run with consultant oversight. There is a rolling 2 year programme with a mix of curriculum-based clinical, management and exam-related training.
- We protect training. The Wessex School of EM has clearly defined maximum rota intensity to ensure work-life balance and try to ensure training opportunities are not adversely affected by service provision. We believe this is vital in the current EM climate.
- As recommended by RCEM, supporting Professional Activity (SPA) time is allocated to each trainee for project/audit work, management activity or clinic attendance.
- We support trainees who wish for to apply for subspecialty accreditation (ICM, PHEM & PEM are available in region) and Health Education Wessex offers fellowships in quality improvement and education
- We encourage Out of Programme applications for suitable projects
- We encourage trainees to be involved in the delivery of training and all trainee groups are represented at School Board Meetings
- We work closely with allied health care professionals and support education in EM across the MDT

If you have any questions or concerns please feel free to contact me directly,

With best wishes

Jo

Dr Jo Hartley

WHO'S WHO

Key people involved in your training are:

Deanery Team	emergencymedicine.wx@hee.nhs.uk
Programme Manager	Anna Parsons anna.parsons@hee.nhs.uk Telephone: 01962 718431
Head of School for EM	Dr Jo Hartley joanna.hartley@porthosp.nhs.uk Telephone: 02392 286367
Training Programme Director for ST4-6	Mr Lee Gray lee.gray@poole.nhs.uk Telephone : 01202 448086
Training Programme Director for ACCS	Dr Nicola Sparrow
Regional Leads	
Lead for Paediatric Emergency Medicine	Dr Jo Rowlinson joanna.rowlinson@porthosp.nhs.uk
Lead for Pre Hospital Emergency Medicine	Dr Lou Chan louisa.chan@hhft.nhs.uk
Lead for SIM	Dr Ben Atkinson ben@simwessex.co.uk
Lead for QIP	Dr Sarah Grimwood sarah.grimwood@uhs.nhs.uk
Lead for US	Dr Micheal Kiuber Michael.kiuber@uhs.nhs.uk Dr Joe Schrieber joe.schrieber@porthosp.nhs.uk
Leadership Leads	Dr Adam Hughes, Dr Sarah Grimwood and Dr Ben Atkinson
Training Hospital Teams	
Specialty Tutor Southampton	Dr Iain Beardsell iain.beardsell@uhs.nhs.uk
Specialty Tutor Portsmouth	Dr Chris Vorwerk chris.vorwerk@porthosp.nhs.uk
Specialty Tutor Poole	Mr Brian Lockey brian.lockey@poole.nhs.uk
Specialty Tutor Basingstoke	Dr Emma Christmas emma.christmas@hhft.nhs.uk
Specialty Tutor Salisbury	Dr Adam Hughes adam.hughes@salisbury.nhs.uk
Specialty Tutor Dorchester	Dr Tamsin Ribbons tamsin.ribbons@dchft.nhs.uk
Specialty Tutor Bournemouth	Dr Pete Swallow peter.swallow@rbch.nhs.uk

HELP

Many questions you will have will already have been faced by previous trainees; meeting at the regional training sessions is often a great way to discuss common issues and there is a **regional training representative** who can field common questions – they can be contacted on wessexwremta@gmail.com as well as via the trainee whats app group – arranging travel lift shares and training date details.

If you have any training administration concerns then the first port of call is normally the **Deanery programme manager (Anna Parsons).**

There is an EM inbox you can use: emergencymedicine.wx@hee.nhs.uk It is answered and it is better than emailing Anna directly.

If you have other training or personal concerns you should first speak in confidence to your **Educational Supervisor or Specialty Tutor**, but at all times you are welcome to get in contact with the **Training Programme Director (TPD) or Head of School (HoS) directly.** Talking to your trainers at an early stage if you are worried about anything is helpful and professional. Most problems can be addressed within your local department and Trust. Common issues are with exams, health or training progress. Don't forget each Trust will also have its own **Director of Medical Education (DME)** who you or your trainers can contact too for support.

From time to time, doctors struggle to make progress in training despite local support or would benefit from specific expertise. Wessex Deanery has a **Professional Support Unit** for this purpose where referrals come from your Educational Supervisor or TPD in partnership with you.
http://www.wessexdeanery.nhs.uk/professional_support_unit.aspx

Please register with a GP if you are new to the area and remember your Occupational Health Department can help if you have health concerns related to work.

We want you to be aware of bullying, harassment and undermining.

This is workplace behaviour that makes someone feel intimidated, degraded, humiliated or offended. It is not always obvious to others, but if this happens to you or if you witness it, you should share your concerns. In the first instance, it's often best to try and resolve an issue informally. Sometimes using a quiet opportunity to explain directly to the person how they have made you feel, can be all it takes. If you don't feel able to do this or you mention something and it fails to work, talk to your educational supervisor or another trusted senior colleague. Every Trust also has a formal process for reporting and dealing with this which you will be able to find on your staff internet pages

WREMTA

Wessex has a '**Wessex Regional Emergency Trainees Association'** which meets 15 times a year for regional training days. One senior trainee takes responsibility for co-ordinating the WREMTA programme each year

All trainees are given **protected time** to attend the 15 annual regional training days, except on annual leave or nights. If you miss a WREMTA session through nights you should have one day added to your SL. Some departments adjust twilights to make it possible for you to go, please negotiate with your department. You are expected to **attend 70% of the sessions you are able to go to** (which will be checked at ARCP) – 'able to go to' excludes those where you were on night shift or planned annual leave.

The format of WREMTA is focused on your training needs. All the sessions are trainee run with consultant oversight. The training is mapped to the curriculum and FRCEM requirements. The timetable is circulated via the trainee email group wessexwremta@gmail.com and is also available on the Deanery website

Please attend WREMTA where you can – attendance at WREMTA correlates strongly with successful training, passing ARCP, exam success and most importantly – an enjoyable training scheme. Remember you are being paid to attend WREMTA so if choose not to go, you must work clinically in your department or have another reason not to attend (usually agreed by your Specialty tutor)

Every January we arrange a **mock FRCEM exam** – usually held in Southampton and split over two successive WREMTA dates (so that all trainees can attend one or other date) –**attendance is compulsory**. As mentioned above, this is part of your study leave for which you are paid, in addition, many FRCEM examiners attend to give you a free practice at this expensive exam!

Try to enjoy the mock exam as much as possible – it is a formative mock designed to benefit you and help focus on areas of weakness for the real FRCEM.

Other Wessex Courses

We are really grateful to have enthusiastic trainers in Wessex who have set up a number of excellent courses. This means we are able to run our own critical appraisal, QIP and ultrasound courses. There is an active regional sim network.

Courses are advertised on the Deanery website EM specialty page. Do remember you need to be organised and request study leave in accordance with your Trust requirements.

The Deanery also runs a number of its own excellent courses which we encourage you to use.

http://www.wessexdeanery.nhs.uk/courses__conferences.aspx

ROTATIONS

Overall responsibility for training is through the Deanery.

Training jobs are allocated by the Training Programme Director. Your 3 year programme will usually rotate through 3 of the training hospitals, one of which will be Southampton University Hospital as the Major Trauma Centre. You will normally spend a year in each post, however if you are LTFT this may vary.

A minimum of six months in the MTC is standard for all Higher trainees (even if previously there in ACCS)

We have recently approved 2 new training hospitals in region and are pleased to have been able to send our first trainees to Dorchester from September 2019. We hope very much to start training at our other newly approved site, Bournemouth in the next training year.

If you have any particular location requests please contact the TPD directly, but you will all be formally asked to send your preferences in the spring each year. All requests are considered together, so getting in early is not a guarantee. We try hard to meet your location preferences but we have to balance the rotation, so compromise and flexibility are sometimes needed. You should be prepared to travel.

Trainees can be placed in any of the training sites, but we will try to honour your requests where possible – many prefer to stick to a Wessex West / Wessex East format (west being Dorchester, Poole – Bournemouth, Salisbury and Southampton and east being Southampton, Basingstoke and Portsmouth)

Changeover for ST5 and 6 rotations is on the first Wednesday in September (ST4 usually keep the August changeover). You will know your next placement location at least 12 weeks in advance.

Amendments to your length of training are co-ordinated through the Deanery and RCEM. Please also ensure that both the Trust and the Deanery are aware of the potential for any date changes in plenty of time (for example for maternity leave).

At the end of training you will need to tender your resignation to the Deanery as well as the Trust.

RCEM recommends 4 hours per week professional development time for HSTs. Departments may call these R days or PD days (we prefer SPA, like consultants). We have encouraged all our departments to rota this time formally. It is *pro rata* for LTFT trainees.

Training Posts

Whilst in the Trust you are employed both by them and the Deanery.

Each department has a Specialty Tutor who oversees all the education and training within that department. Each trainee is allocated an Educational Supervisor (ES) for their time in that Trust. You will meet with them soon after joining for an initial meeting and then at 3 monthly intervals. It is your responsibility to organise these meetings, and to ensure that they are documented on e-portfolio. Your ES will also complete your structured training report and curriculum sign-off before ARCP.

All the department consultants will clinically supervise you on shifts, and can be asked to perform WPBAs.

Only consultants can complete your CBDs and mini-CEXs. Associate Specialists and Consultant Nurses can complete DOPs and MSFs and they offer a wealth of experience, advice and support. You need to be aware that Consultant Nurses cannot legally take ultimate responsibility for patients that you see.

Annual Review of Competence Progression Meeting (ARCP)

Every year an ARCP panel will review your training progress. Read the full details of what will be required in the **"ARCP Guide ST4-6 EM"** which is both on the Deanery Website and at the end of this document.

TIME OUT OF PROGRAMME (OOP)

We encourage OOP applications. Look on the Deanery website for detailed information: http://www.wessexdeanery.nhs.uk/about_nesc/policies_and_procedures/out_of_programme_experience.aspx

There are various possibilities:

- **OOPT** – time from the programme in a recognised **training** post which will contribute to CCT
- **OOPE** – time from programme where clinical **experience** is gained but does not contribute to CCT
- **OOPR** – time from programme doing **research**
- **OOPC** – for trainees who for personal reasons which to take a **career** break
- **OOPP** – this is a new type of OOP which we are trialling. It allows you to **"pause"** your training to undertake an NHS non-training post in which you can gain extra experience, take stock, or work in a related specialty. Details will be available from summer 2019 on the Deanery website. Please note that you still need to give 6 months' notice and need to be in a recognised NHS post. It isn't designed to free you up to do locum work.

If you are considering any of these you are advised to contact the TPD /HoS/ Programme Manager informally in the first instance for support and assistance.

Remember to apply in plenty of time and **at least 6 months ahead**. Although welcome, your application is not guaranteed to be successful. We have to consider your needs, the impact on the training of others on the rotation, safety of patients and service delivery. If we receive multiple OOP requests we may have to prioritise these on merit and to preserve training standards within the region.

In order to be allowed to take OOP trainees would normally be expected to be on an Outcome 1.

There are opportunities within Wessex for OOPE in medical education and service improvement.

DUAL ACCREDITATION

We also have local dual accreditation in Paediatric EM, Intensive Care Medicine and PHEM. If you want to dual accredit, do make sure you prepare well in advance by formally demonstrating your interest. Get some relevant experience, do a recognised qualification, volunteer or do some related management or audit work. These will be competitive posts advertised nationally.

Use the WREMTA network to ask others who have been successful how they prepared and talk to the consultant leads.

WORKING LESS THAN FULL TIME (LTFT)

We have a high proportion of trainees who work LTFT. Currently over half of all EM trainees in HST are LTFT. Many of these have caring responsibilities, but there are other reasons why LTFT is chosen by trainees. In each of the last 3 years, RCEM has offered the opportunity to work LTFT by choice (ie not needing one of the usual qualifying reasons all other specialties need).

This can be an attractive proposition especially for lifestyle reasons - however do also consider loss of salary, delay in CCT and impact on pension. Formal financial advice should be part of your consideration.

There is more information on LTFT on the Deanery website
http://www.wessexdeanery.nhs.uk/policies__procedures/less_than_full_time_training.aspx

Many trainees and trainers have navigated the paperwork, so do ask. We also have a LTFT trainee representative who has lots of experience of the process.

LTFT working will extend your CCT as you still have to complete the equivalent full time in training.

One training year at 60% will take 20 months (An extra 8 months)

One training year at 80% will take 15 months (an extra 3 months)

Annual leave is pro rata.

LTFT working also has an impact on ARCP times and frequency and may affect when you rotate (ie not necessarily at the same time as your peers). The rotation has been able to offer some personal flexibility to date and your TPD and Programme Manager will do their best to maintain this, but it can be complicated and compromise is sometimes needed.

Please look at the ARCP section to make sure you understand what will be needed if you are LTFT.

PERIOD OF GRACE AFTER CCT

Although you are able to apply for consultant posts up to six months before your anticipated CCT/CESR(CP) date, not everyone can do this or is successful in their application.

A Period of Grace enables doctors who have completed training and not yet obtained a consultant post to continue in the Specialty Registrar grade contract for a time-limited period whilst they find employment, usually 6 months. There is no pro-rata modification for LTFT trainees.

Trainees must inform the Programme Manager if they would like a period of grace and should give as much notice as possible before their final ARCP or CCT/CESR (CP) date and 3 months in advance is a reasonable guide. If you decide to accept a period of grace, you are no longer formally in training but in post for the purposes of service and there is a 3 month notice period.

The Period of Grace is offered at the discretion of the School of EM and the employing Trust. The placement is subject to the availability of posts within the programme and the service needs of the employing Trust so specific location requests may not be possible.

WESSEX DEANERY SUPPORTED RETURN TO TRAINING SCHEME

This is not just about maternity leave.
If you have had a period of absence for any reason, we want you to make a safe and confident return to work and regain confidence and previously acquired skills. A return to work plan is compulsory for all absences of 3 months or more but can be used for shorter absence periods too.
Wessex has a 'Supported Return to Training Scheme' with a dedicated team for this at the Deanery (separate to the EM team). They contact trainees 8-10 weeks before their return date with pre-return forms and information about the Supported Return to Training Initiative. The team can be contacted on support.wx@hee.nhs.uk
Forms are also accessible from the Deanery website:
http://www.wessexdeanery.nhs.uk/guidance__recourses/time_out_of_training.aspx and
http://www.wessexdeanery.nhs.uk/guidelines__procedures/return_to_training_scheme.aspx

Overview

Please plan 3 meetings with your Educational Supervisor:

- Pre-Absence meeting – if absence planned
- Initial Review – 6-8 weeks prior to return, discuss issues, plan
- Return Review – meet to agree that trainee can be signed off, or needs further time.

For health or capability issues Occupational Health or HR may be involved. There are some specific resources available to the suppoRTT team and sometimes a supernumerary period or individual coaching can be provided.

Top Tips:

Use the forms, take them to your ES.
Your return period should be under direct supervision (including any on-calls).
WPBAs and other agreed items should be undertaken with appropriate feedback and reflection.
The length of supervised return period is tailored to the individual.

EM Suggestions:
Assessments of directly observed practice

- ELSE managing the shop floor or resus
- WPBAs esp covering the HMPs/PMPs
- resus activity including critically ill and cardiac arrest management
- sedation

Logbook evidence of cases seen
Reflective practice
Repeating local or Trust induction may be appropriate depending on the time you have been away.

Your individual plan needs to be signed off by your ES once completed.

KEEPING IN TOUCH DAYS

These are separate to the return to training scheme and are specifically part of maternity/parental/adoption leave.

Other than in the first two weeks after the baby's birth you can do up to 10 'Keeping in Touch' (KiT) days. Your maternity pay is not affected by working a KiT days and they count as maternity leave (they do not extend your mat leave)

KiT days for trainees would usually be clinical work but can include attending a training day or staff meeting. Anything you do on any day will count as though you had worked a full day.
Think about life support course updates, Deanery courses and training days. Dates are available on the Deanery website

Discuss and plan them with your ES.

If you and your partner opted for the Shared Parental Leave system, there is the option to take 'Shared Parental Leave Keeping in Touch' (SPLIT) days.

https://www.gov.uk/employee-rights-when-on-leave

CURRICULUM

You are all currently on the August 2015 curriculum. There is a new curriculum planned for 2021. It is currently in discussion with RCEM and the GMC and details will appear later this year.

Key documents are accessed here:
http://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Curriculum/RCEM/Exams_Training/UK_Trainees/Curriculum.aspx?hkey=b71ea8aa-ad2f-43fa-b875-0751888ff76c

- **2015 Curriculum** – all 392 pages of it! The 25 Common Competences and their descriptors are on p21-112
- **Appendix 1** summarises what you need to do in each year of training
- **Appendix 2** contains **WPBA forms** together with guidance for what constitutes good performance. You and your assessor can access them for information but you should still ticket WPBAs from e-portfolio
- **ARCP checklists** can be generated within your portfolio but are also available on http://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Assessment_Schedule/RCEM/Exams_Training/UK_Trainees/Assessment_Schedule.aspx?hkey=67d9cac9-8e51-4c86-b559-a1fa5c826530

Training emphasis is on developing independence as well as competence. "Traditional" WPBAS and the newer Extended Supervised Learning Event (ESLE) assess non-technical skills as well as clinical knowledge and competence.

At the end of any training year the training faculty, (a selection of the consultants where you have been working) contribute to the decision about whether you are ready to progress. There is a form for this on e-portfolio "faculty educational governance statement". **The final decision about progress though remains at ARCP.**

During HST you need to show you have covered the whole curriculum. If you go into your e-portfolio and click on curriculum, you can "expand all" to see everything. For each item, upload evidence you have covered it. Your ES should verify each item, saying "achieved" "some experience" or "not achieved" by clicking on the pen icon and adding a comment if desired. Once "achieved" an ES does not need to re-verify each year. "Achieved" means you have satisfied the written descriptors and have experience equivalent to that of a competent day 1 consultant. Although some curriculum items are similar to core training, only work done in ST4-6 can be used to cover them.

In total there are 54 curriculum topics, all visible in your portfolio:

- **5 Higher Major Presentations (HMP)** (need formal - WPBAs mini CEX, CBD, ACAT, ESLE)
- **36 Higher Acute presentations (HAP) -** 18 each year in ST4 and 5
- **6 Paediatric acute presentations (PAP) -** 3 each year in ST4 and 5. These need to be complex major or acute presentations.

ST4 and ST5

In each year:

- you are expected to complete ~17 of the 54 curriculum topics each year
- **18 HAPs –**do not **have** to be by traditional WPBAs, but you can still choose to use them. Acceptable evidence is: ESLE, mini CEX, CBD, RCEM learning modules/FOAMEd/reflection with clear learning outcomes/audit/teaching assessments. You will need to scan and upload evidence to your e-portfolio for your ES too see.
- **The 3 complex major or acute paediatric presentations each year – MUST** be mini CEX or CBD, one in the first 3/12
- **Make a good start on your QIP – Ideally complete in ST4**
- **ESLE x3 –** first in the first 3/12 by own ES (the **supervising consultant** should normally be on SPA and you on your normal shift)
- **Procedural competences PP1-27– continue a log of what you have done, it is good practice to add new evidence throughout HST. These need verifying by your ES as complete by the end of ST6**

  [Most of you will have had PP30-34 removed from your e-portfolio (anaesthetic competences) but if they are still present in yours they are allowable from ACCS]

  There are paeds practical procedures too, but they are in the paeds part of the main curriculum. Some of these are rare in ED, (eg pacing, cric, trachy change) so you may cover these with relevant LS courses/skills lab teaching or specialty teaching sessions. The key thing is you know how to do them all and practice if at all possible. Use PD days to seek specific experience. Link the relevant evidence in your e-portfolio. For sign-off, your supervisor should be satisfied you are as competent as you would expect a day 1 consultant to be
- **Do your ultrasound training in ST4, continue your triggered assessments in ST5 – with level 1 sign off by the end of ST6** http://www.rcem.ac.uk/Training-Exams/Training/Ultrasound%20Training
- **Work towards Level 4 for the Common Competences**
- If you didn't sit the Critical Appraisal part of FRCEM in ST3, that should be a priority for ST4.

ST6

- **Focus on FRCEM.**
- **ESLE x2 with a focus on running the shop floor – In ST6 your supervising consultant can be clinical and replaced by you on your SPA time for the duration of the assessment**
- **Complete Common Competences to Level 4**
- **The whole curriculum should be mapped by final ARCP**

All Years

Remember, you will also need to do an MSF each year, keep your life support courses up to date and do your GCP training. You should aim to be an instructor in at least one life support course by the end of ST6

Management Portfolio

As this is relatively new I have written a bit more about it.

In the last year RCEM has made the requirements for this part of the curriculum more explicit. If you have previously completed projects please make sure all your existing projects meet the standard and ask if you are unsure (especially if you are now ST6).

You need to complete at least 1 management project each year from ST4 until all 4 are complete. This is a compulsory ARCP requirement from ST4 onwards. Projects can be completed In EM and PEM posts only, **not when OOP** and can be **started from ST3.**

There are **two compulsory projects, a complaint and a critical incident investigation**. You then need to choose 2 others. The WPBA forms and topics are available on e-portfolio and the RCEM website. Look at the permissible topics before starting, to make sure what you are doing is suitable and to help you structure your project.

Each project will take a number of weeks and will need to be supervised by a trainer. Once completed you need to write it up, including a large reflective component.

Here is the link to the most up to date RCEM guidance. Please use it.

https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Management_Portfolio/RCEM/Exams_Training/UK_Trainees/Management_Portfolio.aspx?hkey=ffd77dcf-f7d2-43cd-bd33-db2f8e269a83

You will find your "Management Portfolio" in the curriculum section of your e-portfolio. Please gather all your evidence for each project here (linking all the relevant documents from your library to the WPBA so at ARCP we can open everything from there rather than chasing round your portfolio to find them). We suggest you make a labelled folder in your library for each project. Look in the "reflective notes" section of your portfolio for "management portfolio record" many have found this a very useful document to structure management items.

For each project you **need the following three items** linked to the WPBA:

- A **record of the assignment** (an account of what you did and an anonymised copy of any documents produced)
- A **reflection** on the task
- A **successful summative WPBA** with an RCEM trainer which uses the benchmarking sheets which are available both for the 2 compulsory topics and 17 others

The level expected is "new consultant". Remember to link each to your curriculum and common competences.

> *There have been most questions about the **Critical Incident**, so please consult the RCEM guidance. Key elements for this are: - analysing the event, getting statements, synthesising evidence and root cause analysis, so this should guide your choice of event. The most serious events will be very difficult for a trainee to complete as the process is too long and complex and is often done by a specialist team, so choose "lower level" events.*

E-PORTFOLIO

This will remain your record of training, and should be reviewed at every educational meeting with your supervisor. It will also be reviewed by the ARCP panel on the day of ARCP. All your documentation should be uploaded onto it. Hopefully you became familiar with e-portfolio during ACCS. I appreciate it can seem cumbersome – **keep documents in specific 'ST5 folders' etc**

Common mistakes with eportfolio –

The common problems we encounter at ARCP are

Documents not placed on it at all – or placed in illogical folders

Patient identifiers included in logbooks or in management folders –DOB/ Hosp number etc

Form R not completed

Poor or minimal reflections

Checklist not complete and uploaded

Not enough Consultants in MSF (minimum 3 needed)

Curriculum not mapped/ linked

Personal Library
This is found under "Profile"

Please make a separate labelled folder for each training year and organise information so it is easy for us to find at ARCP
We would like you to place the following in your personal library in a clearly labelled folder:

- USS progress: e-learning and log book, but formal triggered assessments and final sign-off are WPBAs generated in e-portfolio
- QIP progress – read the ARCP guide to see what you must include for each ARCP
- Your **anonymised** logbook
- Reflective entries (or these can be done in the specific area in e-portfolio)
- Evidence for your management portfolio items can be uploaded here and then linked to the relevant WPBA
- And any other of: audits done, talks you have given, e-learning modules completed (a summary sheet signed by the ES is enough), compliments and any complaints or SUIs

Achievements from other years may stay in your library but ensure they are under a different heading eg "ACCS".

Absences
All episodes of leave other than SL or AL must be documented in this section and on your Form R. Sickness absence is not counted in individual shifts but the chronological time missed. The GMC requires all absences of more than 2 weeks (cumulative) to be reviewed, to consider the need for additional training time.

Reflection

Evidence of reflective practice is a GMC requirement throughout your career. It's a way of thinking analytically about positive or negative events and learning from them to change your clinical and professional practice. It is more than a simple account of what happened and is an exploration of how you reacted to and learned from what happened. We will look for reflective practice every year on cases or events you learned from. Remember, neither patients nor colleagues should be identifiable. You **must** reflect:

- After any complaint, adverse event or SUI (also required for revalidation).
- On issues identified within your multisource feedback or in your structured training report Educational supervisor's report

You do not have to use the reflective template on e-portfolio and an uploaded document of your own is quite acceptable, but do make a folder in your personal library so we can find your reflections at ARCP.

The Dean's advice about reflection is found in this link:
http://www.wessexdeanery.nhs.uk/pdf/Position_Statement_on_Trainees_Written_Reflections_31.08.2016.pdf

Logbook

You should keep a logbook of patients seen. You will be expected to see approximately 2000 patients per year, with at least 10% resus cases

We prefer a single document, ideally an Excel spreadsheet, uploaded to your library. It should have separate pages (books) for each department area – the area names may vary between departments: resus/majors/minors/paeds/CDU/senior reviews. It should have a **summary table** at the end. It **MUST** be anonymised. That means no names, addresses, DOB and **no hospital or episode numbers.** Date of attendance is OK, **but not if accompanied by exact time of attendance**. Also, don't simply "hide" columns like DOB, the column must be deleted. There is a useful template on the Deanery website (ACCS section)
http://www.wessexdeanery.nhs.uk/specialty_schools/school_of_emergency_medicine/acute_common_care_stem/accs_arcp_documentation.aspx

Quarterly Meetings

Look carefully at e-portfolio. You need quarterly ES meetings with forms completed in your e-portfolio.

Faculty Governance Statement

Your "faculty statement" should be completed in e-portfolio before your ARCP. Your ES has to generate this and it represents the views of the educational faculty in your department (a representative group of your consultants), so do remind them well in advance of ARCP.

MSF

Needed annually. **A minimum of 12 returned forms is required**, from a good spread of the multi-disciplinary team, with a **minimum of 3 consultants**. This means you need to send it out to at least 25 people! When you have sufficient responses your ES generates a summary which "releases" it to you. This should be done when you are together so you can discuss the results. You should then put a formal reflection in your portfolio.

FRCEM EXAMINATION

Use the RCEM website for the most up to date information

http://www.rcem.ac.uk/Training-Exams/Exams and http://www.rcem.ac.uk/docs/Exams/FRCEM%20Final%20Information%20Pack%20(updated%20June%202017).pdf

But here's a quick guide:

The final FRCEM exam has the following components:

Critical Appraisal
Clinical SAQ
OSCE
Quality Improvement Project

The components of the exam can all be taken separately from August 2016.

You can sit any component in any year from ST4 onwards, except the SAQ and OSCE, which have to be sat in ST6 and the critical appraisal paper which can be any time after success in MRCEM or intermediate FRCEM.

So the minimum training requirement (24 months at ST4/ST5) remains for the clinical components only – the Clinical SAQ and the OSCE. Everything else is "uncoupled" so you can avoid doing everything in ST6.

All sections must be passed to be awarded the Fellowship of the Royal College by examination. The standard is based upon that expected of a newly appointed Consultant in Emergency Medicine

Eligibility

See the RCEM website for latest eligibility details and examination regulations. Download the regulations well before the exam as they provide information, advice and help

Application is online. There is a timetable on the website with a strict 3 week window for applications for each sitting. Use the website and don't miss the deadline, it's non-negotiable.

Critical Appraisal You need signed confirmation from your ES or TPD that you have completed a critical appraisal course or attended local relevant training days before you sit this

Final FRCEM Critical Appraisal

The written paper is a series of questions exploring your ability to critique and appraise a paper. You will be given a recently published paper (without the abstract) and a series of short answer questions. These will normally require a short summary to be constructed as well as questions on the methodology, results, conclusions, and questions relating to the practical application of the findings of the paper.

From **August 2016**, candidates will be permitted a maximum of four attempts for the FRCEM Critical Appraisal. Attempts prior to August 2016 will not count towards the number of available attempts

1. **Final FRCEM Clinical Short Answer Question (SAQ) Paper**

There are 60, 3 mark questions in 3 hours. These will test the curriculum, including major and acute HST and core topics, including practical procedures and common competences. The clinical scenarios are usually accompanied by a range of data including: diagnostic imaging (XR and CT), ECGs, pathology results, clinical photographs, pathology test results and other relevant clinical data. Candidates may be required to make a diagnosis, interpret data and indicate appropriate investigations and management.

2. **Final FRCEM Objective Structured Clinical Examination (OSCE)**

There are 12 stations each lasting 8 minutes and 2 resus stations lasting 17 minutes. The scenarios will include real patients, actors, manikins and nurses. A full range of clinical skills will be assessed.

From August 2016, candidates will be permitted a maximum of four attempts for this. Attempts prior to August 2016 will not count towards the number of available attempts. Candidates will be required to pass the FRCEM SAQ within seven calendar years of the date they pass the FRCEM OSCE. Candidates who do not successfully complete the FRCEM SAQ within seven calendar years will be required to resit the FRCEM OSCE, subject to at least one attempt remaining (from the original four permitted attempts)

The curriculum areas assessed within the FRCEM Final OSCE are as follows:

Stations	
1	Core Acute
2a/2b	Resuscitation
3	Core Major
4	Common competences
5	Common competences
6	Anaesthetic competences
7a/7b	Paediatric resuscitation
8	Paeds acute
9	Paeds major
10	HST major
11	HST and adult acute
12	Practical Skills
13	Paeds practical skills
14	Non-technical skills

3. **Final FRCEM Quality Improvement Project (QIP)**

This is compulsory from **August 2018** replacing the CTR. At the moment, QIPs are centrally assessed by the College. There is no viva.

There are no absolute rules about when you must do your QIP, but since the RCEM has made it possible to spread the burden of exams over the whole of higher specialist training we encourage you to take advantage of that by **doing your QIP in ST4** – get started in the first 3 months.

The choice of topic is key to a good project. Many of you will already have ideas of Quality Improvement Work often growing from practice within your own department. Sources of ideas would be your supervisors, your department's recent yellow or green adverse events and M&M meetings. You must read the RCEM website for advice about what is acceptable as a QIP but you should anticipate that a good QIP will take a minimum of 6 -12 months to complete (length up to 6000 words)

We provide training in QIP methodology from ST3. There is a QIP lead in each department and there are regular QIP "clinics" at WREMTA. The regional lead is Dr Sarah Grimwood at Southampton: sarah.grimwood@uhs.nhs.uk

There is also a really helpful website set up by one of our trainees. This is good for QIP ideas. It shows Wessex (but not EM) QIP projects completed: http://www.healtheducationwessexprojects.org.uk/

Preparing to submit your QIP: 10 steps to success

1. Read this advice EARLY during your project!
2. Your QIP write up must be proof-read by your Educational Supervisor and/or local QIP lead.
3. Adhere closely to the RCEM QIP marking scheme for section headings and content. Use the most current examination guidance for details regarding font, spacing, referencing etc.
4. It is a Wessex requirement that trainees must also get a senior examiner to look at their QIP before submission. This significantly improves the quality of submissions.
5. Please only consult one senior reviewer. The following consultants in region offer excellent support at this stage to trainees and are prepared to review your QIP and offer additional feedback
    i. Jo Hartley (Portsmouth)
    ii. Sarah Grimwood (Southampton)
    iii. Simon Hunter (Salisbury)
    iv. Julia Harris (Southampton)
6. Pre-agree with a senior reviewer that they have time to read your QIP.
7. Give both supervisors and senior reviewers plenty of time to read your QIP. It can often take four to six hours to read, check literature/data and make comments. *Reviewing is usually done in the trainers own time.*
8. Submit your QIP for senior review at least 7-8 weeks before submission date for useful feedback. Earlier submissions are welcomed; as this allows more time for you to make revisions.
9. **DO NOT expect a senior reviewer to be able to look at your QIP days before a deadline. NO QIPs will be looked by senior reviewers within 3 weeks of the exam submission deadline.**
10. After submission please send a copy of your QIP to Jo Hartley, letting her know who the senior reviewer was. She does expect to read them all in order to support, benchmark and also look at areas for future development and training for Wessex trainees and educational supervisors.

Please use the RCEM website for guidance and mark scheme – it's no use finding out at the end that you haven't used the correct house style, or structure. Read the marking scheme.

https://www.rcem.ac.uk/docs/Clinical%20Audit_Improvement/23d.%20Quality%20Guidance%20for%20examination%20candidates.pdf

http://www.rcem.ac.uk/RCEM/Quality_Policy/Quality_Improvement_Clinical_Audit/QI_Resources/RCEM/Quality-Policy/Quality_Improvement_Clinical_Audit/QI_Resources.aspx?hkey=e014f99c-14a8-4010-8bd2-a6abd2a7b626

You must formally demonstrate QIP progress at your ARCP each year (until it is finished).

See ARCP section

TOP TRAINING TIPS

- Get organised early in the year
- Download the ARCP checklist at the **beginning** of your training year to see what you need to achieve that year
- Although there are fewer mandatory WPBAs now, you have to provide evidence of curriculum coverage, so upload it for sign-off
- Maintain an **anonymised** logbook
- Sit the critical appraisal paper as soon as you can in ST4 if not completed before
- Complete a Level 1 US course in the first 6 months of ST4
- Get QIP training and start your project early in ST4.
- Book a regular e-portfolio session in your diary to upload and link work you have done, it takes time
- Aim to sign off curriculum items with your ES at regular intervals to avoid a huge amount of work pre-ARCP
- Keep your Life Support Courses up to date, and aim to instruct in at least one
- Use the RCEM and Deanery websites to find the facts you need
- Get help early if things go wrong
- Read the rest of this document at least once including the ARCP guide!!!

ARCP Guide ST4-6
Emergency Medicine

2020

Mr Lee Gray

Training Programme Director HST4+

Wessex School of Emergency Medicine

ARCP Guide ST4-6 EM

What is the ARCP?

The ARCP is the Annual Review of Competence Progression and is designed to check you have evidence to show you are competent to progress to the next year of training (or have successfully completed training). It usually takes place in July. It is the same process you underwent during your ACCS training.

Before your ARCP, you will receive two e-mails. One will be a notification from the Accreditation Team of your ARCP date, the other will be an invitation from the EM Programme Team to either confirm your time slot or book yourself a slot (via Doodle Poll) for your Educational Review Meeting which may be held on the same day. **Please note the Educational Review meeting is separate to your ARCP and your ARCP will be held in absentia.**

You should only need one ARCP per year of training and this should happen within 3 months of the end of your training year. Given that many trainees are less than full time, ARCP panels can happen at several times of the year (although most are held in June / July) – some LTFT trainees may be reviewed twice in a calendar year (see below)

Most trainees (hopefully!) will receive an outcome one (see below). Occasionally, where documentation cannot be found or needs amending (patient identifiers found for example) then an outcome five is given that allows a trainee time to upload or amend said documents.

The ARCP Panel

The panel comprises a lay person, local EM educational supervisor(s), Deanery Administrator and the Chair who is usually your Training Programme Director (TPD). There may also be a Consultant from another Deanery as an external RCEM representative.

On the day, the panel reviews your e-portfolio and Form R to check you have completed all the requirements. This part is the ARCP and is without you present. The outcome is decided based on this evidence alone so it is important you have submitted all the correct documentation and your portfolio organisation allows it to be found.

Your ARCP outcome will be recorded in your e-portfolio with the details of any required actions. (In Forms/Educational Supervision/ Meetings/ARCP)

The different ARCP outcomes are explained below.

The Educational Review Meeting

This is separate to the ARCP decision, you will be invited to a 15 minute appointment with your Training Programme director. It is usually on the day of your ARCP and other panel members may also be present. Everyone present will introduce themselves and you will be given your outcome. The purpose of the meeting is then for educational feedback and review of your year.

Immediately after your review meeting, outside the room you will be asked to complete a feedback survey on your training year before you leave.

It is expected that you will attend the Educational Review Meeting on the date of your ARCP, but if you are really unable to attend, another date will need to be arranged. Your ARCP will continue to be held on the original date.

If you get a non satisfactory outcome at ARCP this will be explained at your Educational Review meeting (which we prefer to be on the day or very soon after)

It is a Deanery requirement that you have a face to face Educational Review meeting annually.

ARCP Outcomes

Recommended Outcomes from Review Panel
Satisfactory Progress
1. Achieving progress and competences at the expected rate
Unsatisfactory or insufficient evidence
2. Development of specific competences required – additional training time not required
3. Inadequate progress by the trainee – additional training time required
4. Released from training programme with or without specified competences
5. Incomplete evidence presented – additional training time may be required
Recommendation for completion of training
6. Gained all required competences
Outcomes for trainees out of programme or not in run-through training
7.1 Satisfactory progress in or completion of the LAT / FTSTA placement.
7.2 Development of Specific Competences Required – additional training time not required LAT / FTSTA placement
7.3 Inadequate progress by the trainee – additional training time required LAT / FTSTA placement
7.4 Incomplete Evidence Presented - LAT / FTSTA placement.
8. Out of programme; **OOPE** (Experience); ☐ **OOPR** (Research);☐ **OOPC** (Career Break) - ☐
Note: OOPT must have an annual review and would therefore be reviewed under Outcomes 1-5; not Outcome 8
9. Top-up training

Outcome 1 is what we are aiming for – congratulations and well done – progress to the next stage of training

Outcome 5 is often given for trainees who need to complete/ provide a small amount of missing information eg a WPBA. The deadline for completion of this is usually 10 working days and then the outcome is updated (usually to 1, but not inevitably, depending on the circumstances, but you will be advised what is likely)

Outcome 2 is given if there are specific areas for development which need to be addressed but which do not need to extend training. We will give you specific goals and usually review progress at 3-6 months but you will remain on an Outcome 2 for the year.

Outcome 3 is given for:

- Exam failure (usually at the end of the 3 year programme)
- Inability to achieve the required competences in the expected time period
- Concerns raised about a trainee that is likely to require a longer period of training time

ARCP frequency and Less than Full Time Training

Less than full time trainees still have an annual ARCP (calendar year) exactly as other trainees. However you may end up needing another ARCP within the year. This is because we are also required to do an ARCP at each "gateway" between training years, whenever that falls. This makes things quite complicated.

So, an ARCP may be when you are part way through a training year and if so, the panel will expect you to have demonstrated completion of a proportionate amount of the curriculum ie if you are 2/3 of the way through your training year when the ARCP falls, you will be expected to have completed 2/3 of the curriculum requirements for that year. If it's at a gateway, you will be required to have completed all the requirements for that year.
See the next section for the paperwork you will need – especially if you have moved department between ARCPs, because you will need 2 sets of some things

If you have a year with 2 ARCPS, we **may not need to invite you to an Educational Review meeting both times**.

If you have periods of parental leave or other absence between ARCPs your dates will be adjusted and we will keep you informed. It can feel complicated so please keep communicating with us if things change or you are unsure. We never want to make this difficult but we have to meet the regulations.

Contact the Deanery/TPD for advice well in advance if you are unsure.

Providing the Right Paperwork for ARCP

There are 2 key forms. If you complete an ARCP checklist and your Educational Supervisor completes a Structured Training Report you should have everything you need because they prompt all requirements.

Every ARCP will need these 2 documents completed, even if you have>1 in a year.

If you have worked in more than one department (for 3 calendar months or more), since your last ARCP you will need an STR and checklist from each job **so complete them with your ES before you move on.**

The 2nd checklist can simply be re-annotated by the 2nd ES, but the items that have changed should be clear and the document will need a new signature and date from both of you.

Don't forget to make sure you have a **faculty statement and a logbook for each department too**. Getting some curriculum mapping and common competency updates as you go along would be considered good practice.

1. ARCP Checklists

These are on the RCEM website and also about to be put on e-portfolio

http://www.rcem.ac.uk/Training-Exams/Work%20place%20based%20assessment/The%202015%20RCEM%20WPBA%20schedule/

There is a specific checklist for each year of HST. Print out the relevant one, fill it out and go through it with your ES. It is comprehensive and means you won't forget anything. Upload it to your library when signed by both you and your ES (ES physical signature needed, not electronic).

2. Structured Training Report (STR)/Educational Supervisor's Report

This is now on e-portfolio (those of you who are used to filling in a paper form, this is no longer necessary). The e-portfolio **STR MUST be accompanied by the ARCP checklist** for your training year as above which should be **signed by you and your ES**. These 2 forms are key to ARCP, please make sure you allow sufficient time to do them.

You and your ES should ask us (Programme Manager, TPD or HOS) early if you are unsure about anything.

We do not go through your evidence in advance of the ARCP day, so we won't be informing you if anything is missing. It's your responsibility to ensure completeness.

3. Other documents

- The panel will look at your reflective practice
- The panel **does not** release MSF results. Feedback and reflection on your MSF are done in advance of the ARCP by your ES
- Your logbook must be presented as described in the training document and **must be anonymised**
- The panel exercise judgement on precise logbook numbers seen (the expectation is approximately 2000 patients per year, with at least 10% resus cases and an appropriate spread between the various areas)

- Curriculum mapping and sign off by your ES must be completed (see below) including Procedural Competences
- Both **you and your** supervisor should score your Common Competencies until they are level 4
- You need to **explicitly** demonstrate QIP progress each year until you have passed this part of the FRCEM
- You must complete at least one management project each training year until your portfolio is complete

Here is my advice for demonstrating your QIP progress for ARCP:

You will see that the College ST4 ARCP checklist expects "progress towards QIP" and for ST5, a "more advanced" stage of completion.

For each ARCP

1. Your ES should write a brief comment about progress on your checklist

2. You should upload evidence to your personal library so the panel can see what you've done and when. This should be:

    - a draft **or**
    - summary document of progress, with **dates and ongoing plan**
    - **and** your planned submission date

    If you started a project and abandoned it, your written summary should include:

    - project chosen, work done, changes you tried to make, why you decided the project could not run
    - evidence you have fully d/w ES and department QIP lead
    - evidence attended a QIP clinic
    - clear plan with time deadlines for new start

This is important because unless you understand why you were unable to progress you are unlikely to choose a successful project next time.

DEMONSTRATING CURRICULUM COVERAGE

You need to link evidence (WPBAs, e-learning, MSF etc) to the whole HST curriculum and **your ES needs to verify** it is sufficient. It is a GMC requirement to show evidence of curriculum coverage and all evidence for HST must have been gathered during HST only. The level required is "day 1 consultant"

Your ES can only verify or "sign off" **if they enter under their own log-in**.

Sit down with your ES and access the curriculum by the tab on the menu on your personal home page.

1. "HST (RCEM: HST Curriculum2015)" should be selected, some will say "reformatted," it depends when you started training.

   HST clinical curriculum - all the major and acute presentations (HMPs and HAPs) must be mapped by the end of ST6.

   HST paediatric medicine - all the acute and major paed presentations (PMPs and PAPs) must be mapped by the end of ST6. You will notice that the paediatric procedures are also in here. They also need evidence attached and sign off.

   Each year your ES needs to click on the blue pen icon for each item to say whether each item is "not achieved", "some experience" or "achieved" they can also write a comment. Once "achieved" they do not need resigning

   .

2. **Common Competences** (25 of them) each should be scored (Level 1-4) by your ES before each ARCP. The score is not a guess, but based on a clear descriptor for each which is found by clicking on *i* adjacent to each. Level 3-4 is usual for HSTs and you will need to achieve level 4 in at least 23/25 by the end of ST6. Your ES clicks on the blue pen icon, chooses a level and can add a comment.

3. **Procedural Competences** These have been rationalised in recent years. There are 27 and you should link evidence and get sign off as above

4. **Management Portfolio** For most of you this is now a separate section in the curriculum area of your portfolio. Please gather all your evidence for each project here (linking all the documents from your library to the WPBA so at ARCP we can open everything from there rather than chasing round your portfolio to find them).

   In the last year RCEM has made the requirements for this part of the curriculum more explicit. If you have previously completed projects please make sure all your existing projects meet the standard and ask if you are unsure (especially if you are now ST6).

   In the "reflective notes" section of your portfolio there is a "management portfolio record" which is a really useful template for your management reflection and again items can be linked. Lots of people have found this a useful document

REVALIDATION

Every doctor who is fully registered with a licence to practise needs to participate in revalidation. This includes doctors who are in training. Doctors have to provide supporting information to demonstrate to the GMC and the public that they are up to date, fit to practice, and comply with the relevant professional standards. As a doctor in training, you are generating this information as part of your e-portfolio through your curriculum and training programme.

The revalidation cycle is 5-yearly and begins at full registration with the GMC (for UK trainees, start of F2) with revalidation at 5 years and again at CCT.

Trainees provide evidence for their revalidation as part of the ARCP and need to complete an "Enhanced Form R". The Responsible Officer (RO) is Dr Paul Sadler, the Postgraduate Dean and your Designated Body is Health Education England Wessex.

What additional information is needed?

From the trainee

- Enhanced Form R completed prior to ARCP
    - Scope of work – including any locum shifts you do in your own Trust
    - Significant events
    - Complaints
    - Compliments
    - Probity
    - Investigations
    - Health
- Reflection on Extra work outside Training (locums in other Trusts or festival/event work/OOP) For full information on documentation for Revalidation including the Reflection of work outside of training form please refer the Wessex Deanery Webpage http://www.wessexdeanery.nhs.uk/trainee_revalidation-1/documentation.aspx

Your employer informs the Deanery of

- Information on any clinical governance issues relating to a trainee
- Specifically on trainees involvement in:
    - Conduct and capacity investigations
    - Serious incidents requiring investigation (SIRIs)
    - Complaints

Full revalidation information for trainees is on the GMC website:
http://www.gmc-uk.org/doctors/revalidation/12383.asp

Panel reviews Form R at ARCP.

PREPARING FOR ST6 SIGN OFF

Your final ARCP will review everything that you have completed over the three years. For this ARCP you will need to ensure that you have evidence on your e-portfolio for:

- Completed Common Competences to level 4 (Wessex accepts research may not be) and signed off by ES
- Mapped the whole curriculum, signed off by ES, including Procedural Competences as described previously
- Up to date MSF and CV
- Up to date in ALL life support courses (strict – a course booked, but after CCT is not OK). Ideally you should be an instructor in at least one, but this is not compulsory
- Level 3 Safeguarding Children
- GCP training
- Anonymised logbook
- FRCEM
- Level 1 US signed off
- Submitted revalidation forms to Deanery
- Evidence of reflection especially on any complaints or SUIs

Paper Portfolio

You may wish to maintain a paper portfolio, but are not required to do so.

We strongly suggest you maintain an up to date CV

Consultant post preparation

Every year, the TPD will try to meet with trainees in ST5/6 that are looking at the next stage – Consultant posts. This is an informal opportunity to look at your CV, discuss upcoming posts, talk through interview techniques and questions. Pointers will be given to make you a desirable asset for trusts and hopefully keep you as Consultant in Wessex!

And finally…..

My apologies – a huge amount of work for you to keep up – but I promise you it is worth it and Consultant life worth waiting for. Best of luck and I hope you enjoy your training. LG March 2020