



Specialty Registrar (StR) training Educational Supervisors Handbook



2015

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Educational supervision

Role of the Educational Supervisor (ES)

The gold guide defines an educational supervisor as a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

In 2012 the GMC published 'Recognising and approving trainers: the implementation plan', leading to more formal recognition of medical trainers. In response to this, the Wales Deanery in collaboration with each Health Board introduced the Educational Supervision Agreement. This should be available to sign through the postgraduate department.

ES's should undertake training to develop skills and competence:

- Minimum of 8 hours each year of which at least 4 hours must be CPD
- Activity must meet GMC standards in relation to all Academy of Medical Educators (AoME) framework areas over a 5 year cycle (at least 2 framework areas per year).

No more than 4 trainees should be supervised concurrently, with a recommended 0.25 SPA per week per trainee. It is advised that supervisors should not supervise trainees across more than two training grades to maintain adequate knowledge of the training requirements.

Educational supervision in gastroenterology

After discussion at a STC meeting it was decided to consolidate the number of ES's for StRs throughout Wales to support the process as outlined above. A similar strategy has already successfully been introduced amongst other STCs within the Wales Deanery. It was decided that all new StRs would be allocated an ES on commencing in the programme and maintain this supervisor throughout the period of their training. This has several benefits including:

- Continuity of supervision – facilitates a rapport between the ES and trainee which is particularly important for any trainee experiencing difficulties
- As trainees rotate through different centres it will be easier for the ES to provide a more independent overview of training and raise concerns at any stage
- ES will have a better overview of the trainees career development being able to give appropriate advice
- ES will develop a greater understanding of the curriculum and training requirements

Both the trainee and ES have the right to request a change at any time.

ES meetings with trainees

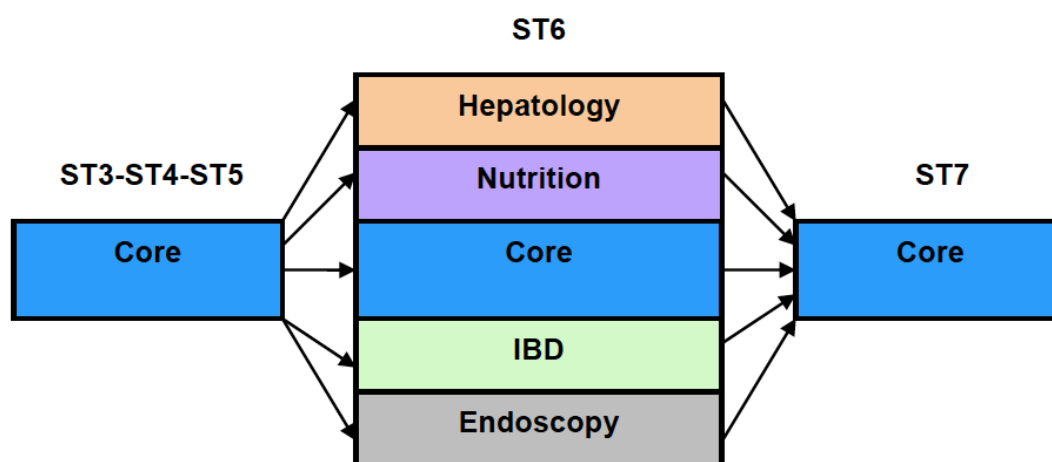
There should be at least four meetings with the trainee per year. More frequent meetings may be required for trainees in difficulty. The following meetings should be entered on the e-portfolio:

1. Induction appraisal – to review the trainee’s progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. A Personal Development Plan (PDP) should also be confirmed.
2. Midpoint review – should be undertaken around January time. Trainees should review their PDP with their ES using evidence from the e-portfolio. SLE’s should be reviewed to ensure satisfactory progress and attendance at educational events reviewed. Parts of the curriculum can start to be signed off by the ES.
3. ES report/review – should be completed end of April (available for ARCP). **Separate ES reports should be completed both for Gastroenterology and GIM for StR3 and PYA trainees.** For the remaining years it is important that both Gastroenterology & GIM are discussed and represented in the ES report.
4. End of attachment appraisal – end of August prior to trainee rotation to the next post. This should record the areas where further work is required to overcome any shortcomings. Specific concerns may be highlighted from this appraisal, with any significant concerns reported to the Training Programme Director (TPD).

StR Training Overview

Training outline

Dual accreditation in gastroenterology and GIM is achieved over a 5-year period. Subspeciality StR6 posts are currently available in advanced IBD and nutrition (UHW) and ERCP/EUS and hepatology (Royal Gwent Hospital). The latter post does not allow subspeciality accreditation in hepatology – this can only be achieved through one of the national hepatology training posts which includes placement in a level 3 (transplant) centre.



Basic training requirements

Trainees are expected to spend a minimum of 24 months in a DGH. All trainees are required to achieve JAG accreditation in upper GI endoscopy and to attend a 'Teaching the Teachers' (Training the Trainers) course.

Each training site should provide:

1. Induction – departmental and endoscopy
2. Outpatients - minimum of two and maximum of three scheduled sessions which are always supervised
3. Ward rounds - minimum of 1 trainer led and 1 StR led ward round per week (maximum 3 sessions total)
4. Endoscopy - minimum 1 training list per week (2 sessions recommended). Supervised to appropriate level and according to JAG accreditation
5. MDT meetings – radiology, pathology, UGI, HPB etc
6. Bleep free session – 1 per week to attend regional training, carry out audit & research and private study

All gastroenterology trainees should have more than 6 months hepatology experience in a level 1 centre and at least 6 months in a level 2 or 3 centre (these are defined in the JRCPTB gastroenterology curriculum document). For subspecialist certification in hepatology, trainees require 12 months continuous training in a nationally accredited post appointed by a competitive process, with at least 3 months in a level 3 (transplant) centre. Ideally all training should be within level 2+ centres, with a maximum of 6 months in a level 1 centre.

A 3 – 6 month period of training in a post with nutrition exposure is also required.

Endoscopy training

Trainees must have at least 1 timetabled training list available per week. The size of list (total number of slots) and types of procedure booked should vary depending upon the individual trainees needs and stage of training. Trainees are not allowed to perform independent endoscopy until JAG accredited, even if their supervisor is satisfied with their progress.

With introduction of the SPRINT accelerated training programme, all new trainees should achieve sign off for upper GI endoscopy by the end of their ST3 year and for provisional colonoscopy by the middle of their ST5 year.

NHS e-portfolio

All trainees are required to use the online e-portfolio system (www.nhseportfolios.org/) to document their progress with assessments, educational supervisor meetings and record ARCP outcomes. If you have any problems in accessing a trainees records on the e-portfolio you should contact Trudy McMullin from the higher training office (McmullinT@cf.ac.uk). The training requirements for Gastroenterology and GIM are summarised in the speciality decision aids available on the JRCPTB website (<http://www.jrcptb.org.uk/training-certification/arcp-decision-aids>).

The different aspects of a trainees record are accessible on the e-portfolio through tabs located on the left hand side of the screen:

Profile ▾
Curriculum ▾
Assessment ▾
Reflection ▾
Appraisal ▾
Progression ▾
PYA

The e-portfolio undergoes regular updates. Most recently these have included the addition of a PYA tab, academic supervisors report and Quality Improvement Project assessment tool (QIPAT).

Profile tab

1. Certificates and exams section

All Royal College of Physician exam attempts (including MRCP and SCE) are now listed in this section:

Below are the exam results imported from the Royal College of Physicians:

Certificate/Exam	Expiration Date	Expected Exam Date	Exam Result	Examination Date	Confirmed?	Confirmed By	Confirmed Date	Action
SCE Gastroenterology	-	-	Pass	22/04/2015	✓	MRCP(UK)	2015/01	
MRCP (UK) Diploma	-	-	Pass	20/10/2011	✓	MRCP(UK)	20/10/2011	

The Speciality Certificate Examination (SCE) is a compulsory component of assessment for the Certificate of Completion of Training (CCT) for all trainees who commenced speciality training on or after the 1st August 2007. It should be undertaken from ST4 level onwards. The SCE comprises two 3 hour ‘best of five’ papers containing 100 questions each. It is a computer based examination held April time each year, in Pearson VUE test centres throughout the UK.

ALS

All trainees must have an up to date ALS certificate to participate in clinical work. They are valid for a 4 year period and for trainees at the end of training, must be valid at the time of their CCT. Health Board Medical Directors will be informed if trainees cannot evidence certification at ARCP.

The ALS certificate should be uploaded in the Certificate and Exams section and validated by the ES by clicking on the ‘Confirm’ label under the actions tab (right hand side of the screen).

Certificate/Exam	Expiration Date	Expected Exam Date	Exam Passed Date	Confirmed?	Confirmed By	Confirmed Date	
ALERT (Acute Life threatening Events - Recognition and Treatment)	16/05/2009	-	-	✓	Dr Minesh Patel (Foundation Educational Supervisor)	31/12/2008	Actions ▾
ALS (Advanced Life Support)	13/07/2017	13/07/2012	14/07/2012	✓	Dr Ian Rees (Educational Supervisor)	29/04/2013	Actions ▾

Once uploaded by the trainee, the certificate can be viewed by clicking on the ‘View’ label under the actions tab.

ALS (Advanced Life Support)	13/07/2017	13/07/2012	14/07/2012	✓	Dr Ian Rees (Educational Supervisor)	29/04/2013	Actions ▾
ALS (Advanced Life Support)	08/05/2012	-	-	✓	Dr Minesh Patel (Foundation Educational Supervisor)	31/12/2008	<ul style="list-style-type: none"> Q View 📄 Upload

2. Personal library section

The personal library is an area in the e-portfolio allowing the trainee to provide additional evidence of their training. This area should include the patient survey summary sheets and Firth calculator. It is also used to record evidence of GIM and Gastroenterology CPD and completed audits. It is recommended that it is organised into 2 principal folders for Gastroenterology and GIM.

Name	Size	Uploaded Date	Modified Date	Actions
Library				
Endoscopy Competencies		11/05/2015	11/05/2015	Actions ▾
Firth Calculator		16/05/2015	16/05/2015	Actions ▾
FIRTH Cumulative experience calculator.xls	31KB	16/05/2015	16/05/2015	Actions ▾
Summary of Training calculator - 2014-15.xls	77KB	16/05/2015	16/05/2015	Actions ▾
Gastro CPDs		10/05/2015	10/05/2015	Actions ▾
GIM CPDs		10/05/2015	10/05/2015	Actions ▾
Management and Leadership		19/05/2015	19/05/2015	Actions ▾
Placement Evaluation Survey		11/05/2015	11/05/2015	Actions ▾
Presentations		10/05/2015	10/05/2015	Actions ▾
Teaching		11/05/2015	11/05/2015	Actions ▾

Patient survey

Assesses a trainee's communication and professionalism skills and effectiveness of patient consultations. Patient survey guidance, survey forms and summary forms are available in the assessment section of the JRCPTB website. The summary form must be completed and signed off by the ES and then uploaded to your personal library as evidence.

Firth calculator

This calculator is provided on the GIM section of the deanery website and calculates a trainee's acute medical and outpatient experience (an alternative version is also available on the GIM section of the JRCPTB website). It should be updated annually and uploaded to the trainee's personal library prior to each ARCP. The GIM decision aid states that 1000 patients should be seen on the acute intake and 186 outpatient clinics attended before a trainee's CCT date. The completed form should be verified and signed off by a clinical or educational supervisor.

	A	B	C	D	E	F	G
1	Calculation of accumulated numbers of cases for GIM 2009 Curriculum Transfer ARCP						
2							
3	This spreadsheet lets you calculate your previous 'experience' based on reasonable average data						
4	You will need to discuss the evidence and assumptions behind this with your educational supervisor						
5	who will then need to validate and 'sign off' this cumulative total within your e-Portfolio						
6							
7	ST3 Start Date: 01/08/2010						
8							
9	Enter calculations for each distinct post or attachment so far in your programme						
10	Enter start dates first						
11	(End date will autofill to the end of this academic year unless the column to the right also has a start date)						
12							
13		Post 1	Post 2	Post 3	Post 4	Totals	
14	Start Date	01/08/2010	01/09/2011	01/09/2012	01/09/2013		
15	End Date	31/08/2011	31/08/2012	31/08/2013	31/08/2014		
16	Months in post	13	12	12	12		
17	Number of Acute Medicine shifts per month	3	3	3	3		
18	Average number of new admissions seen per shift	15	22	26	20		
20	Therefore number of patients seen on Acute take	584	791	936	718	3029	
21							
22	Number of outpatient clinics per month	6	6	7	6		
23	Average number of new patients per clinic	6	3	3	4		
24	Average number of follow up patients per clinic	5	8	8	6		
26	Therefore number of new outpatients seen	467	216	252	287	1222	
28	Therefore number of follow up outpatients seen	389	576	672	431	2067	
29							
30	Avg number of new ambulatory care patients/month						
32	Therefore No of new ambulatory care patients seen	0	0	0	0	0	
33							
34	Average number of new ward consults/month	12	8	12	15		
36	Therefore number of new ward consults seen	156	96	144	179	575	
37							
38	Summary						
39		Seen	Still needed prior to CCT				
40	Number of patients seen on Acute take	3029	-2029				
41	Number of new OP / ambulatory / ward consult	1797	-1347				
42	Number of follow up outpatients	2067	-567				
43							

Absences

All periods of absence greater than 2 weeks should be entered on the e-portfolio and TPD informed. The CCT date may need re-calculating depending upon the length of absence. A period of parental leave can no longer be included towards the CCT date.

Curriculum tab

The relevant Gastroenterology and GIM curriculums can be viewed in this section.

Profile ▾

Curriculum ▾

ALS (Advanced Life Support) 24/11/2013 -

- Service WAL CMT Service (Core Medical Training 2009)
- Service WAL CMT Service (CMT curriculum 2009 (Amendments 2013))
- Specialist Training WAL401 (General Internal Medicine 2009 (amendments 2012))
- Specialist Training WAL401 (Physician Gastroenterology 2010)
- Edit Curricula

Infarction Course










PYA




Trainees are required to link evidence to competencies in the e-portfolio to demonstrate engagement and learning with the curriculum. Most recent changes:

- The number of times a trainee can link an SLE to curriculum competencies should be limited to eight for each ACAT and two for CbDs and mini-CEX
- One piece of linked evidence per competency is sufficient if the supervisor is satisfied the trainee has engaged with the curriculum topic & demonstrated learning
- Ten of the common competencies will not require linked evidence, but any concerns must be highlighted in the ES report
- It isn't necessary for ES's to examine all competencies in the e-portfolio to make a judgement on a trainees progress
- ES's should review a sample of the trainee's evidence, self-ratings & statements and discuss these with the trainee in detail. 10 – 12 competencies across the curriculum should be looked at in detail over the course of the year
- Summative sign off for potentially life threatening procedures (eg: ascitic paracentesis) should be undertaken on two occasions with two different assessors (one assessor per occasion)

Trainees should self-assess and rate progress for individual competencies. The ES should also assign an appropriate competency level. This is achieved by clicking on the purple pencil next to each topic area.

Dysphagia and Non Cardiac Chest Pain  

 View	Teaching you have delivered	20/05/2012	
 View	Attendance at organised teaching	15/01/2013	
 View	Attendance at organised teaching	30/01/2014	
 View	ACAT HST	20/08/2013	Dr Marek Czajkowski
 View	Reflection on Clinical Event	09/05/2014	

	Dr Gautham Appanna	Some Experience	20/05/2014	""
(T)				
	Dr Jeffrey Turner	Some Experience	01/05/2014	""
(TPD)				
	Dr Imroz Salam	Some Experience	21/06/2012	""
(ES)				

A separate box then appears which allows the ES to enter the competency level achieved by the trainee against highlighted criteria and examples of ways in which the trainee can evidence progression. Additional comments can also be added to the free text box.

Add Rating/Comment

Rating

Comments

Blank
 Not Achieved
 Some Experience
 Achieved

Save

To understand the causes of non-cardiac chest pain and dysphagia, and how patients are managed.

Knowledge	Assessment Methods	GMP
Dysphagia:		
Knows the various causes of dysphagia and their clinical presentations	CbD, SCE	1
Understands the methods of assessment and investigation including	CbD, mini-CEX, SCE	1

Reflection tab

As a requirement for revalidation, trainees should be encouraged to regularly reflect on their clinical practice and courses they have attend. Reflection is particularly important for any complaints or adverse events the trainee may be involved with. They can link these reflections through to components of their curriculum.

Title	Type	Date Modified	Date of Activity	Shared?	Actions
MANAGING IBD IN 2014	Attendance At Organised Teaching	08/03/2015	20/11/2014	✓	Actions ▾
BRITISH ASSOCIATION FOR THE STUDY OF LIVER DISEASE (BASL) CONFERENCE	Attendance At Organised Teaching	07/03/2015	15/09/2014	✓	Actions ▾
Oesophageal Stenting (extrinsic compression)	Reflection On Clinical Event	09/05/2014	01/05/2014	✓	Actions ▾
Acute Alcoholic Hepatitis	Reflection On Clinical Event	03/04/2014	03/04/2014	✓	Actions ▾

Career management discussions between an ES and trainee can also be entered under this tab.

Appraisal tab

An overview of all appraisals and meetings undertaken can be viewed in this section.

Personal Development Plan (PDP)

Trainees are requested to complete a PDP prior to their ARCP to record their training objectives for the next academic year and help guide future placements. Whilst personal needs are taken into consideration academic needs are always considered foremost. An additional PDP can be completed at anytime to update changes in a trainees training objectives.

Title	Date Modified	Achieved?	Shared?	Actions
Learning Needs: 2014/2014 (ST6)	08/04/2014	✘	✔	Actions ▾
Learning Needs: 2013/2014 (ST5)	24/05/2013	✘	✔	Actions ▾
Learning Needs: 2012/2013 (ST4 Actual)	19/05/2013	✘	✔	Actions ▾
Learning needs: 2012/2013 (ST4)	19/05/2013	✘	✔	Actions ▾
Endoscopy Skills: Diagnostic LGI Endoscopy	29/02/2012	✔	✔	Actions ▾
Endoscopy Skills: Diagnostic UGI Endoscopy	29/02/2012	✔	✔	Actions ▾

Progression tab

Summary overview

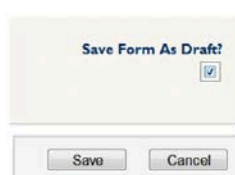
This section provides an overview of the trainee's assessments and meetings. New entries can also be generated from this page by clicking on the create links opposite the relevant assessment/meeting.

Type	Form	Submissions	
ST6 - Royal Gwent Hospital - Gastroenterology (WAL401) - Gastroenterology (01 Sep 2014 to 06 Sep 2015)			
	Academic Supervisor's Report	-	+ Create
	ACAT SLE HST	Q 5 Submissions	+ Create
	CbD SLE HST	Q 5 Submissions	+ Create
	Gastroenterology PYA report	Q 1 Submission	+ Create
	General (Internal) Medicine PYA report	Q 1 Submission	+ Create
	Hepatology Year Assessment (only applicable to trainees undertaking sub-specialty Hepatology training)	-	+ Create
	mini-CEX SLE HST	Q 5 Submissions	+ Create
	Quality Improvement Project Assessment Tool Physician	-	+ Create
	Summary MSF	-	+ Create
	MSF	-	+ Create
	MSF Self	-	+ Create

Supervisors report

Educational supervisor reports and an MCR year summary sheet may be viewed in this section.

The **ES report** is one of the most important components of the assessment process at ARCP, summarising the trainee's progress throughout the year, including a summary of feedback from clinical supervisors in the form of MCRs. Reports can be saved in draft form for editing at a later date by marking the tick box in the bottom right hand corner of the form. Forms saved in draft form are not visible to trainees.



A dialog box titled "Save Form As Draft?" with a checked checkbox and "Save" and "Cancel" buttons.

Multiple consultant reports (MCR) are intended to capture the views of consultant supervisors on a trainee's clinical performance. It must be completed by a minimum of 4 consultants (maximum of six) and is **not to include the ES**. For dual accrediting

trainees this should include 2 GIM MCRs and 2 Gastroenterology MCRs. The consultants asked to complete the MCRs should be agreed between the ES and trainee at the start of their placement. Out of programme trainees are also advised to complete these reports.

You can view the MCR summary sheet by clicking on the 'MCR Year Summary Sheet' tab.

View the "MCR Year Summary Sheet" : [MCR Year Summary Sheet](#)

Detailed Instructions

[Request External Assessment](#)

[Add Supervisor's Report](#)

Select Year or Post:

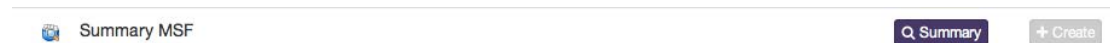
Supervisor's Report	View Submissions
ST6 - Royal Gwent Hospital - Gastroenterology (WAL401) - Gastroenterology (01 Sep 2014 to 06 Sep 2015)	
Educational Supervisor's Report	22 May 2015 10:14 (Dr Andrew Yeoman) View
	12 March 2015 14:01 (Dr Andrew Yeoman) View
Multiple Consultant Report (MCR)	14 March 2015 19:56 (Dr Shridhara Harathattu Aithal) View
	10 March 2015 19:18 (Mr Steve Mckain) View
	09 March 2015 18:36 (Dr Nimal Balaratnam) View
	06 March 2015 11:11 (Dr M Allison) View

Assessments

Assessments can be accessed through both the assessment tab and Summary overview section located within the progression tab.

Multi-source feedback (MSF)

Assesses skills such as communication, leadership, reliability and team working focusing on GMC domains. Feedback is required from a minimum of 12 raters including doctors (**must include 3 consultants**), administrative staff and other members of the multi-disciplinary team. Responses must be collected within a 3 month period. An MSF should be completed during the StR3 and StR5 years of training. The trainee must also include a self-assessment form. Once the appropriate number of responses have been received, the ES should generate an MSF summary by clicking on the create label.



Before the MSF summary is visible to the trainee, it needs to be released by the ES by selecting the 'Release summary to trainee' option at the bottom of the form before clicking the save button.



Mini-clinical evaluation exercise (mini-CEX)

Evaluates a directly observed everyday clinical encounter with a patient to assess competency in skills for good clinical care such communication and history taking. It can be used at anytime where there is a trainee and patient encounter and an assessor is available.

Case-based discussion (CbD)

Involves a discussion with the trainee that assesses their performance in the management of a patient including knowledge, clinical reasoning and decision-making and management. It might include new outpatient cases or inpatients.

Acute care assessment tool (ACAT)

Assesses trainee performance during their practice on the acute medical intake and can be completed by any doctor supervising the intake. A minimum of 6 ACAT's are required annually.

Direct observation of procedural skills (DOPS)

Evaluates the performance of a trainee in undertaking defined practical procedures (eg: cardioversion, endoscopy). DOPS forms for endoscopy should be entered on JETS (a minimum of 10 are required for each endoscopic modality performed per year).

Audit Assessment Tool/Quality improvement project assessment tool (QIPAT)

This is generated by entering the summary overview section ('Progression' tab) and clicking on the create link. QIPAT's can be used as an alternative to the audit assessment tool.

Well below expectations for stage of training	Below expectations for stage of training	Borderline for stage of training	Meets expectations for stage of training	Above expectation for stage of training	Well above expectations for stage of training	Unable to Comment*
Audit topic: ⓘ						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> U/C
Targets for performance: ⓘ						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> U/C
Audit methods: ⓘ						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> U/C
Results and interpretation: ⓘ						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> U/C
Changing Performance: Conclusions and Implementation Plan ⓘ						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> U/C
Plan for evaluation: ⓘ						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> U/C
*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.						
Overall quality of audit:						
Rating		Description				
<input type="radio"/> Below expected standard of clinical audit		Significant guidance required throughout the audit process. Inappropriate audit topic or poor methodology resulting in inappropriate conclusions or conclusions of limited practical use. Inadequate consideration of future direction of audit				
<input checked="" type="radio"/> Expected standard of clinical audit		Limited guidance required throughout audit process. Sound audit methodology in a relevant topic, resulting in conclusions with practical clinical importance. Plans for future direction of audit highlighted				
<input type="radio"/> Exemplary standard of clinical audit		Audit topic related to an important clinical problem, detailed and exhaustive methodology applied, resulting in conclusions with significant clinical importance.				

Teaching observation

This provides structured, formative feedback to trainees at their competency at teaching. It is a GIM requirement that one teaching observation is completed before CCT.

ARCP

The Annual Review of Competency Progression (ARCP) is usually undertaken around the end of May each year. In 2014, the STC reverted back to face-to-face meetings for all ARCPs to provide a more formal review process and better opportunity to gain feedback from trainees regarding their progress and training experience. Separate ARCP reviews are arranged for GIM in the ST3 year and for penultimate Year Assessments (PYA's).

ARCPs require a minimum of three panel members that also includes an external member for all PYA reviews and 10% of standard ARCPs, in addition to a Deanery lay representative. WCAT ARCPs also include an academic member to review research progress. Educational supervisors are encouraged to attend to gain a better understanding of the training requirements and review process. The outcome is determined by the panel prior to meeting the trainee, based upon the evidence provided in the e-portfolio. The ARCP panel no longer routinely reviews the SLE's unless a trainee may be underperforming, with more of a focus on the ES report, MCRs and MSF.

ARCP requirements for every year of training

- ES report
- MCRs – 2 GIM + 2 Gastroenterology (must not include ES)
- Valid ALS certificate
- Updated Firth calculator – uploaded to personal library
- GIM: 10 SLEs per year (must include 6 ACATs)
- Gastroenterology: 3 mini-CEX and 3 CbD
- One audit assessment tool/QIPAT for gastroenterology
- Curriculum – representative sign off for Gastroenterology and GIM

- Additional GIM requirements prior to CCT:
 - One GIM audit/QIPAT
 - One teaching observation
 - Procedural skills: CVP and intercostal drain insertion for pneumothorax and pleural effusion

Additional ARCP requirements for specific years of training

StR3

- Separate ES reports to be completed for both Gastroenterology and GIM (ARCPs performed for both specialities this year)
- MSF (12 raters - must include 3 consultants)
- Sign off for Essential GIM procedures: ascitic paracentesis, DC cardioversion and knee aspiration
- 20 hours **external** GIM CPD

StR4

- Patient survey (20 responses required. Summary sheet signed by ES and uploaded to personal library)
- 20 hours **external** GIM CPD

StR5

- MSF (12 raters - must include 3 consultants)
- 20 hours **external** GIM CPD

StR6 (PYA)

- Patient survey (20 responses required. Summary sheet signed by ES and uploaded to personal library)
- 20 hours **external** GIM CPD
- Separate ES reports to be completed for both Gastroenterology and GIM (PYAs performed for both specialities this year)
- Ensure all requirements for previous years have been completed (eg: curriculum sign off, achieved UGI JAG accreditation, appropriate number of MSF/patient surveys completed etc)
- Ensure registered with the on line CPD diary (RCP)

StR7

- Ensure mandatory and recommended tasks from PYA completed to achieve ARCP outcome 6 (required for CCT)
- 20 hours **external** GIM CPD

Principal ARCP outcomes

- Outcome 1 Satisfactory progress (this is the one that trainees want!!)
- Outcome 2 Development of specific competencies required. Additional training time not required
- Outcome 3 Inadequate progress. Additional training time required (this can only be issued on a single occasion, except for extenuating circumstances)
- Outcome 5 Incomplete evidence presented. Additional training time may be required. Further evidence must be provided within a 2 week period to allow progression with training. Failure to achieve this will result in an outcome 3
- Outcome 6 Gained all required competencies for sign off for CCT
- Outcome 7 Used for LAT trainees
- Outcome 8 Used for out of programme trainees

Common ARCP pitfalls/reasons for unsuccessful outcome

1. GIM components of curriculum not updated
2. Firth calculator not uploaded
3. ALS certificate not up to date
4. MSF does not include 3 consultants

Other aspects of training

Out of programme categories

There are 4 different types of out of programme category:

1. OOPR – time out of programme for research (eg: for MD, PhD). A maximum of 3 years out of programme experience is allowed of which up to 12 months may be counted towards CCT provided it is prospectively registered with the Deanery and JRCPTB.
2. OOPT – time out of programme for training. A trainee may gain opportunity to undertake training outside of their regular training programme. The SAC will review how much credit may be provided towards CCT. This includes the national hepatology posts undertaken for subspecialisation.
3. OOPE – time out of programme for clinical experience. A trainee may gain similar experience to OOPR or OOPT, but not related to the curriculum. There is therefore not the ability to credit this towards your CCT. This includes the Deanery leadership posts.
4. OOPC – time out of programme for career breaks. This may occur for a variety of reasons including a period of parental, sick or exceptional leave.

Trainees are advised to initially discuss potential periods of out of programme with their clinical and educational supervisors. OOP periods can only be taken April or September time each year to help regulate rotations. Trainees are required to obtain formal approval from the Wales Deanery to obtain time OOP (unless due to sick leave) and **will not normally be agreed until a trainee has been in programme for at least 1 year**. Requests should ideally be submitted at least 6 months prior to the planned start date. No credit will be awarded unless approval is also awarded by the JRCPTB. **It is strongly recommended by the JRCPTB that trainees do not undertake any OOP episodes in their final year of training.**

Acting up as a consultant (AUC)

Trainees are eligible to act up as a consultant within 1 year of their provisional CCT date. A total of 3 months can be counted towards the CCT. After discussion with the ES and TPD, the trainee should complete the AUC form available on the Deanery website (minimum of 2 months notice required). However a 3 month notification period is usually also required by the trainees employing Health Board to arrange appropriate cover. Depending upon the period when AUC is taken, the trainee will then return to their previous post until their CCT date.

Post-CCT extension

Trainees are eligible for a 6 month post-CCT extension. The STC presume that trainees will take this unless resignation is received from the programme. A 3 month notice period is required to the Deanery for resignation, even if this is during the post-CCT extension period.

Trainees in difficulty

The Professional Support Unit (PSU) provides support for trainees in the form of advice & guidance and access to experts who can deal with specific areas. Trainees may approach the PSU through a need they have identified themselves or after being advised to seek their support after training difficulties have been highlighted by clinical or educational supervisors or highlighted through ARCP's. Early identification and support will reduce the potential risks to the trainee, colleagues, patients and the organization. Any concerns should be raised with the TPD at an early stage. Contact information is available on the Deanery website (<http://walesdeanery.org/index.php/en/careers-and-recruitment/wales-deanery-professional-support-unit.html>).

Training days

A mandatory gastroenterology training week is held annually (usually June time), with a minimum of 6 weeks notice provided to all trainees and trainers to ensure that clinical commitments can be reduced or cancelled accordingly. However it is the trainees responsibility to ensure that any on call commitments are swapped to allow attendance. Attendance rates form a component of their ARCP and failure to attend may lead to an unsuccessful ARCP outcome. If the trainee reports difficulty in obtaining leave from their training centre, this should be reported to the TPD.

Trainees are also required to achieve 100 hours of **external** GIM CPD points to achieve their CCT. They should aim to achieve 20 hours per year. However up to 20% can include gastroenterology CPD. Trainees should register for the RCP CPD diary & upload a PDF summary on an annual basis. GIM courses are advertised on the e-portfolio, Deanery & RCP websites.

Useful websites

JRCPTB <http://www.jrcptb.org.uk/Pages/homepage.aspx>

Wales Deanery <http://www.walesdeanery.org/>

Contact details

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