

## Appendix A

# Annual Structured Report Core Trainees

To be completed electronically by the Educational Supervisor. The Educational Supervisor should send the complete document to the Trainee by email. This should then be saved as 'ASR (DD/MM/YYY)' in the 'Supervision' folder of Trainee's ePortfolio.

This report will be used at the Annual Review of Competence Progression. The Trainee should complete parts of the form before and their Educational Supervisor should complete it at a meeting with the Trainee. The ASR is a summary of the evidence in the Trainee's ePortfolio, an assessment of the Trainee's progress towards their objectives for the period covered by the ARCP. It should highlight any gaps in evidence in the ePortfolio e.g. insufficient number of WPBAs, if WPBAs have not been completed by appropriate raters, missing Supervisor reports, absence of evidence relating to each area (e.g. a statement that a Quality Improvement has been completed, but no evidence of the completed Quality Improvement in the ePortfolio etc.

Trainee Details							
Full Name		NTN					
Training Programme							
Year of Training							

	Educational Supervisor Details
Name of Educational Supervisor	

	Last ARCP						
Date	Period covered			If not Outcome 1, summarise action required and			
	From	То	Outcome	progress made			

	Previous	Dates		
No	Clinical Supervisor	Specialty & Location	From	То
1				
2				
3				
4				
5				
6				
7				
8				

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## **Section 1: Evidence Summary**

## Workplace-Based Assessments (WPBAs) in this ARCP Year

The Trainee should enter details about each assessment on this table prior to the meeting with their Educational Supervisor. The Educational Supervisor must review <u>all</u> WPBAs in the Trainee's portfolio and document any areas where a need for development has been identified in WPBAs as well as reporting on action taken and progress made.

Assessment	No.	Date of Assessment	Outcome (numerical score for performance at this stage of training)	Name and Job Title of Assessor
	(1)			
	(2)			
ACE	(3)			
ACL	(4)			
	(5)			
	(6)			
	(1)			
	(2)			
	(3)			
	(4)			
Mini-ACE	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
DOPs	(1)			
<b>DOI 3</b>	(2)			
	(1)			
	(2)			
	(3)			
	(4)			
CBD	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
Mini-PAT	(1)			
	(2)			
Other (describe):				
Development Re Areas identified in are required	equiren WPBAs	nents where developments		
Action(s) taken	or to be	e Taken		



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## **Experiential Outcomes**

Activity	Development(s)			
Emergency Experience Number of first line management cases during Core Training (cumulative)	Number of cases completed: /50 WPBAs completed which demonstrate competence:			
Psychotherapy To this point in training – confirmation of Case Based Discussion Group, supervised cases and Psychotherapy WPBAs	Case Based Discussion Group attendance (Number of sessions attended):			
	Short Case completed: Yes Summary of Case/Work in Progress:			
	Long Case completed: Yes  No Summary of Case/Work in Progress:			
	Psychotherapy WPBAs completed (Number, type and outcome):			
	Summary of other evidence of psychotherapy experience in portfolio:			
	Competencies for Core Training achieved?  Yes  No  No			
Teaching Include information about the audience, topic and form of evidence	Teaching Material in portfolio: Yes  No Details (if applicable):			
and form of evidence	WPBAs: Yes  No Details (if applicable):			
ECT Trainees are expected to be trained and have experience in the administration of ECT. A DOPS of satisfactory administration of ECT is required to demonstrate competence.	ECT training attended: Yes No Satisfactory DOPS: Yes No No			
Quality Improvement (Including Audit) Record title and role of the Trainee in each audit undertaken since the last ARCP				
Publications Full title, reference and role in publication				
Presentations Academic/research activities at regional, national and/or international level (this does not include Case Conference or Journal Club presentations)				
Management Development				
Does the Trainee have evidence that they have completed the GMC Trainee Survey?	Yes No No			
Does the Trainee have evidence that they have completed the YHD Deanery Trainee Survey?	Yes  No			





Other Outcomes	Date(s)	Comments/Notes
Involvement in Serious Incidents		Give details of how the Trainee was involved.  Please specify if Trainee practice was found to be a concern and if any action has been or will be taken.
Other incidents		Give details of how the Trainee was involved.  Please specify if Trainee practice was found to be a concern and if any action has been or will be taken.
Complaints		Give details of how the Trainee was involved.  Please specify if Trainee practice was found to be a concern and if any action has been or will be taken.
Sick Leave		
Other Leave		
(e.g. Maternity,		
Paternity, Carer, Compassionate)		

#### **Examination Progress**

Exam	Date(s) taken	Passed/ Failed	Notes/Action Points/Re-sits
Paper 1			
Paper 2			
Paper 3			
CASC			
Other Exams			

## **Section 2: Overall Summary**

The <u>Educational Supervisor</u> should rate the Trainee's performance in each of the following domains on the basis of all reports, WPBAs and other evidence in the Trainee's ePortfolio. This assessment is a summary of all evidence gathered since the last ARCP. In assessing these domains, the Educational Supervisor should rate the Trainee against their expectations for the current level of Training. When this report is completed in the final placement of CT1 the Educational Supervisor should rate the Trainee against the standard expected for completion of that stage of Training.

Excellent – exceeds curriculum requirements

Competent – meets curriculum requirements

Needs further development – has not achieved standard required for curriculum

Insufficient evidence – does not have enough relevant evidence in portfolio to enable a rating to be made

Essential clinical competencies for CT1 are underlined and must be evidenced with reference to WPBAs





Professional Competences If a Trainee is rated as 'excellent', or 'needs further development', please ensure that further information is provided.							
Clinical Assessment	Includes to	he clinical ass	essment of p	patients with m	ental health problems in relation to history-taking, ovide evidence from WPBAs (e.g. ACE, mini-ACE,		
Interview skills:							
WPBA Evidence:							
Needs further development		Competent		Excellent			
Elicit a clinical history: WPBA Evidence:							
Needs further development		Competent		Excellent			
Perform a mental state exami	nation:						
WPBA Evidence:							
Needs further development		Competent		Excellent			
Perform a cognitive screening	assessme	nt:					
WPBA Evidence:							
Needs further development		Competent		Excellent			
Perform a physical examination WPBA Evidence:	on:						
Needs further development		Competent		Excellent			
Assessment of capacity: WPBA Evidence:							
Needs further development		Competent		Excellent			
2. Formulation and	appropria	te care and trea	atment.		patient formulation and management, access to		

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Present a clinical case (with but WPBA Evidence:	asic mana	gement plan):					
Needs further development		Competent		Excellent			
Prescribe safely in psychiatry WPBA Evidence:	<u>:</u>						
Needs further development		Competent		Excellent			
Write a clinical letter or report	:						
WPBA Evidence:	-						
Needs further development		Competent		Excellent			
3. Risk assessment	Includes to	the assessment	t and manag ce. CBD and	gement of risk i I multi-source f	n psychiatry. Provi eedback	de evidence from	WPBAs,
Perform a suicide risk assess							
WPBA Evidence:	<u></u>						
WI BA Evidence.							
Needs further development		Competent		Excellent			
4. Maintaining Good Medical Practice	Also incluup-to- dat	udes legislation te with clinical a	concerning advances. C	patient care, to patient care, to consider eviden	vledge and its appli he rights of patient ice from Trainee's p vision they have ke	s and carers, res portfolio, and the	earch and keeping
Insufficient Evidence	Needs	further develo	pment [	] Com	petent	Excellent	
E M					, working with colle		
5. Maintaining Performance	quality of includes	care and active	e participati	on in a progran	, working with colle nme of clinical gove esearch projects ar	ernance. Evidend	ce to consider
	quality of includes them.	care and active multi-source fe	e participation edback, rec	on in a progran ords of audit, re	nme of clinical gove esearch projects ar	ernance. Evidend nd Trainees reflec	ce to consider tive notes on
5. Maintaining Performance  Insufficient Evidence	quality of includes them.	care and active	e participation edback, rec	on in a progran ords of audit, re	nme of clinical gove	ernance. Evidend	ce to consider
	quality of includes them.  Needs  Includes them them them them them them them them	care and active multi-source features further develo the planning, de and learners; su	e participation of the complete of the complet	on in a program ords of audit, re Com evaluation of le assessment of	nme of clinical gove esearch projects ar	Excellent  g, appraising and ing references. C	tive notes on
Insufficient Evidence   6. Teaching & Training;	Includes learning a multi-sou relevant t	care and active multi-source features further develo the planning, de and learners; su	e participation of the completed A or program	con in a program ords of audit, respectively. Come evaluation of lend mentoring I assessment of the come.	nme of clinical gove esearch projects ar appetent  arning and teachin earners and provid	Excellent  g, appraising and ing references. C	tive notes on
Insufficient Evidence   6. Teaching & Training; assessing and appraising	Includes learning a multi-sou relevant t	the planning, de and learners; surce feedback, ceaching faculty further develors.	e participation edback, recompleted Andrews or program opment	con in a program ords of audit, reservaluation of lend mentoring I Assessment of the lend mentoring I Assessment of the lend mentoring I Assessment of the lend mentoring I Com	nme of clinical government projects and projects and protein provide arring and teaching forms and provide teaching forms and protein	Excellent  g, appraising and ing references. Cd any quality data	I evaluating onsider evidence a kept by the
Insufficient Evidence   6. Teaching & Training; assessing and appraising	Includes learning a multi-sou relevant t	the planning, de and learners; surce feedback, creaching faculty further develors.	e participation delivery and of the period o	con in a program ords of audit, re Com evaluation of le nd mentoring I Assessment of nme. Com tient relationsh ng trust and en	nme of clinical government projects are appetent projects are appetent projects are appetent provided the projects are appetent provided the projects are appetent projects.	Excellent  Excellent  g, appraising and ing references. Cd any quality data  Excellent	d evaluating consider evidence a kept by the
Insufficient Evidence   6. Teaching & Training; assessing and appraising  Insufficient Evidence   7. Relationships with	Includes a learning a multi-sou relevant t	the planning, de and learners; surce feedback, creaching faculty further develors.	e participation of the partici	con in a program ords of audit, records of audit, records of audit, records of audit, records of audit audit of the configuration of lease sament of the configuration of audit of the configuration o	nme of clinical government projects are appetent projects are arning and teaching earners and provid Teaching forms and appetent provides and appetent pro	Excellent  Excellent  g, appraising and ing references. Cd any quality data  Excellent	d evaluating consider evidence a kept by the

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Professional Practice per pro	Competence when dealing with situations where there are concerns regarding the conduct or performance of colleagues, handling complaints and formal inquiries, holding indemnity insurance ar providing assistance at inquiries and inquests. Evidence to consider will include CBD, multi-source feedback and reflective notes, including critical incident reports.							
Insufficient Evidence	Needs further developme	ent 🗌	Competent		Excellent			
9. Relationships with effective colleagues	ludes treating colleagues ectively as a member and pointments, sharing inform dence from CPB and multi	leader of a mul mation with col	tidisciplinary tea eagues and appr	m, arranging	clinical cover	, taking up		
_	Needs further developme		Competent		Excellent			
10. Maintaining Probity may and con dea pro	s competency illustrates y include the following: p I signing documents; can mercial dealings; avoidi iling with them and appro fessional work. Evidence orts written by the Traine	roviding inform rying out and s ng and managi priately manag to consider wi	ation about your upervising reseating conflicts of intending ing financial inte	services; w rch; properly terest and ac rests that ma	riting reports, / managing fin dvising others ay have a relev	giving evidence ancial and on preventing and ance to		
Insufficient Evidence	Needs further developme	ent 🗌	Competent		Excellent			
11. Ensuring Health Problems do not put patients at Risk  or t wis pro	Problems do not put patients   wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying							
Insufficient Evidence	Needs further developme	ent 🗌	Competent		Excellent			
Confirmation of Training Pass		Yes	N	lo ¬				
Committation of Training Fast	Sport		<u> </u>					
Further information and cla		ovided if any o		are rated		t', 'insufficient		
Areas of achievement			<u>'</u>					
Provide reason for each "Excelled Areas for development Provide reason for each "Needs development" rating above								
Areas in which there is insufficiently Highlight any areas in which instead to rate performance has been p	ufficient evidence							
reason for lack of evidence								

I certify that this form is an accurate representation of evidence presented in the above named Trainee's portfolio for the Annual Review of Competence Progression.

Form completed by (Educational Supervisor): Date:

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