

## Ophthalmology ARCPs - 2022

### Trainee expectations for a successful ARCP

The ARCP panel member's meeting for Ophthalmology will be on the morning of 14 June 2022 (North).

They are taking place virtually. The ARCP panel assessment and outcome is decided by the panel, in your absence, during the morning. It is only decided based on the evidence present in your portfolio which will have been assessed anytime in the two weeks before the ARCP date.

#### Outcome feedback

You will be sent a Teams invite from a panel member for feedback in the afternoon. This is not mandatory and may be deferred by you. They will then send feedback by email.

The ARCP feedback session is mainly to celebrate and show appreciation for the efforts of all our trainees. Attendance is not mandatory but is recommended.

Trainees will be notified before the ARCP if it is considered that there is a chance that they will receive an outcome 2,3, 10.2 or 10.2.

### ALL Trainees

The ARCPs are evidence based which means that the ARCP decision will be made on the evidence submitted. **All evidence must be made available on your eportfolio by Tuesday 31<sup>st</sup> May.**

<ul style="list-style-type: none"><li>▪ <b>Eportfolio</b> - RCOphth will give panel members access to trainees' e-portfolios in advance of the day and all evidence to be uploaded by <b>the deadline date, Tuesday 31<sup>st</sup> May</b></li></ul>
<ul style="list-style-type: none"><li>▪ <b>1 x Educational Supervisor Report AND a minimum of 2 x Clinical Supervisor Reports in each 6 month placement (more than 2 CSRs may be requested e.g. if on outcome 2 or 3)</b></li><li>▪ <b>These must be completed and signed off on your e-portfolio.</b> This is essential as the panel will be reviewing this evidence prior to the assessment. We recommend scheduling your clinical supervisor reports about six weeks, and your educational supervisor meeting about four weeks before the deadline.</li></ul> <p>This is pro rata for LTFT or trainees who are only having a part of a year assessed.</p>
<ul style="list-style-type: none"><li>▪ <b>Multi-source Feedback – A minimum of one per year.</b> Not necessary if you are having an interim 6 month review</li></ul>
<ul style="list-style-type: none"><li>▪ <b>Logbook Summary.</b> This should be cumulative and have a procedure and complications breakdown for the past year.</li></ul>
<ul style="list-style-type: none"><li>▪ <b>Reflection.</b> There should be reflections on positive events such as cases you are proud of, educational events you have attended as well as any adverse experiences. All should show how your understanding has changed and future practice will improve</li></ul>
<ul style="list-style-type: none"><li>▪ <b>Evidence of completion of at least first cycle of an audit - A minimum of one per year.</b> Not mandatory if you are having an interim 6 month review</li></ul>

<ul style="list-style-type: none"> <li>▪ Evidence of approximately 8 hours of surgical simulation time in the last 12 months (5 hours in 6 months) and Modules A+B completed by end of ST1 and B+C by end of ST2. Simulation requirements may be relaxed for ST4+ when there are high volumes of phacoemulsification but EyeSi scores are used as objective collaborative evidence of surgical proficiency in cases of higher complications.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Continuous record of cataract surgery complications and outcomes (including comorbidities)</li> </ul>
<ul style="list-style-type: none"> <li>▪ RSTA score</li> <li>▪ Postgraduate teaching attendance record</li> <li>• Evidence of completion of GMC survey</li> </ul>
<ul style="list-style-type: none"> <li>▪ PDP signed off (unless interim review)</li> </ul>
<ul style="list-style-type: none"> <li>▪ CPD diary populated, up to date and with evidence of reflections</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of complaints and SUIs with reflective writing and signed off by ES</li> </ul>

### Additional ARCP info for trainees in ST6-7

<p>Trainees who are approaching CCT and where an ARCP Outcome 6 is anticipated must also ensure the following evidence is available for review by the panel by <b>Tuesday 31<sup>st</sup> May</b>:</p>
<ul style="list-style-type: none"> <li>▪ A 50 consecutive cataract audit including refractive outcomes</li> </ul>
<ul style="list-style-type: none"> <li>▪ An up to date CV</li> </ul>
<ul style="list-style-type: none"> <li>▪ Complete logbook with a signed cumulative summary sheet (ST7 for final ARCP)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of at least 20 "SJ" cases in logbook between ST6-7</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of "spiral learning" in logbook with increased complexity of cases undertaken</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of competency in management of cataract surgery complications (PC rupture and anterior vitrectomy) e.g. completion of surgical OSATs</li> </ul>
<ul style="list-style-type: none"> <li>▪ TSCs – if completed then a TSC report (available from College website) must be completed, returned to the College and uploaded to eportfolio</li> </ul>

Please note that non-submission or partial submission of the requested evidence could result in the issue of less than satisfactory outcome.

#### Revalidation – Form R

In advance of your forthcoming ARCP, to prepare for revalidation, please can you complete a form R (part B) and insert into eportfolio and also submit to [ophthalmology.yh@hee.nhs.uk](mailto:ophthalmology.yh@hee.nhs.uk) by **Tuesday 31 May 2022**. Please remember to include the number of days TOOT (time out of training) on page 1, using the guidance on the form for what should be included. Please declare work outside of your programme and any adverse events. This form is in PDF format but is designed to have fillable sections.