

Core Surgery Expectations for ARCP (2020–21)

1. A learning agreement for each 6 month post
2. Evidence of 3 AES meetings in each 6 month post
3. A CS and AES report for each 6 month post
4. Minimum number of Work Based Assessments (WBA's) per year

50% WBAs should be validated by a consultant as per table below.

If the minimum number is exceeded, a 25% consultant validated proportion, of the excess, is expected. *e.g. if 26 CEXs for CT1 are completed, there needs to be a minimum of 11 consultant validated CEXs.*

CT1 WBA requirements

For CT1's there are mandatory WBA's that have to be performed as per ISCP; 6 mandatory CEX and 18 mandatory DOPS. Therefore, a minimum total of 65 WBA's to be performed in the CT1 year to include;

18 CEX
1 CEX consent
14 CBD
32 DOPS

CT2 WBA requirements

Minimum 41 WBA's in total per year to include;

10 CEX
1 CEX consent
10 CBD's
10 DOPS
10 PBA's

	Minimum WBA numbers summary table			
	CT1	<i>Consultant validated</i>	CT2	<i>Consultant validated</i>
CEXs	18	9	10	5
CBDs	14	7	10	5
DOPS	32	16	10	5
PBA			10	5
CEX consent	1	1	1	1

5. Minimum 120 cases in logbook per year, 25% STS or STU in overall number. *e.g. if 160 cases, minimum 40 STS/STU cases*
6. 1 audit per year (*uploaded evidence / presentation to miscellaneous section*) and 1 Assessment of Audit (AoA)
7. 1 MSF per year
8. > 70% attendance at Regional Core Surgery Teaching / simulation programme. Attendance at the School of Surgery Conference and Trainees Day count towards the total. In addition, Academic trainees are also expected to present at the 'Academic Presentation Day'
9. 1 Observation of Teaching (OoT), *validated by consultant, speciality doctor or ST6 and above*
10. CT2 should have an oral or poster presentation at regional or national level
11. MRCS Part A by the end of CT1 (upload to ISCP in other evidence) and inform TPD of result
12. MRCS Part B by the end of CT2 (upload to ISCP in other evidence) and inform TPD of result

13. BSS must be completed by CT1. Mandatory courses (ATLS/ BSS/CCrISP) certificates should be uploaded in the other evidence section
- 14. Full engagement in ISCP** – evidence sections completed, logbook completed, topics activated, no reliance on external documents, CVs etc
15. Completion of Form R (for revalidation) – Send to HEE and upload to other evidence section on ISCP under miscellaneous section
16. Completion of JCST trainee survey for **both** placements in each year
17. Trainee self-scoring ARCP outcome form is to be completed and uploaded in miscellaneous section
18. Trainees on a 6 month extension are expected to achieve 50% of the yearly WBA requirements, logbooks and teaching attendance. One observation of teaching and one MSF must be completed but an audit is not required.
19. Less than full time (LTFT) trainees need to complete the years requirements in proportion. e.g. a 60% LTFT trainee needs to complete 60% of the WBAs, logbook and teaching attendance. One observation of teaching and one MSF must be completed per academic year. One audit must be completed per core training year.

Trainees who are LTFT on an extension need to complete expectations proportionally. e.g. a 60% LTFT trainee will have complete 30% of requirements in the 6 month extension.

20. Failure to complete Core Expectations by ARCP lockdown (6th June 2021) will result in an unsatisfactory ARCP outcome (CT1 outcome 2, 3 or 5 and CT2 outcome 3 or 5). If you achieve an Outcome 5 (lack of evidence) in CT1 you will not be eligible for specialty course funding in CT2.

Trainee Self-scoring ARCP Outcome

<u>Requirement</u>	<u>Post</u>	<u>Completed</u>
Learning Agreement	Aug - Feb	
	Feb - Aug	
AES meetings x3	Aug - Feb	
	Feb - Aug	
CS and AES report	Feb - Aug	
WBA's	Aug - Aug	
CT1		
24 mandatory as per ISCP		
6 CEX		
18 DOPS		
41 minimum as per School of Surgery		
13 CEX (including 1 CEXc)		
14 CBD		
14 DOPS		
50% consultant validated		
CT2		
41 minimum as per School of Surgery		
11 CEX (including 1CEXc)		
10 CBD		
10 DOPS		

10 PBA's		
50% consultant validated		
Logbook	Aug - Aug	
120 cases per year		
25% STS / STU		
Audit – uploaded presentation to 'Other evidence– ' minimum one	Aug - Aug	
Assessment of Audit - 1	Aug - Aug	
MSF - 1	Aug - Aug	
Teaching Attendance	Aug - Aug	
> 70%		
Observation of Teaching	Aug - Aug	
OoT - 1		
MRCS		
CT1 Part A passed	Aug - Aug	
CT2 Part B passed	Aug - Aug	
ISCP Engagement	Aug- Aug	
Topics activated, 'Other Evidence' section completed, CV, Course attendance etc		

Presentation	Aug - Aug	
CT2 – oral or poster (Regional or National)		
Courses	Aug - Aug	
ATLS/BSS/CCrISP		
Form R	Aug - Aug	
Completed and submitted to HEE, uploaded to evidence – miscellaneous section		
JCST Survey	Aug – Feb	
	Feb - Aug	

ARCP Requirements		Trainee predicted ARCP outcome
Achieved		
Not achieved		
Evidence lacking		

ARCP Outcome Guidelines - Core Surgery

MRCS Good portfolio & logbook Satisfactory AES and CS report ISCP trainee survey completed	✓ ✓ ✓ ✓	CT1 = Outcome 1 CT2 = Outcome 6
MRCS Good portfolio & logbook Satisfactory AES and CS report ISCP trainee survey completed	✓ × ✓ ✓	Outcome 5 (more evidence required)
MRCS Good portfolio & logbook Satisfactory AES and CS report ISCP trainee survey completed	✓ ✓ × ✓	Outcome 5 (more evidence required)
MRCS Good portfolio & logbook Satisfactory AES and CS report ISCP trainee survey completed	✓ ✓ ✓ ×	Outcome 5 (more evidence required)
MRCS Good portfolio & logbook Satisfactory AES and CS report ISCP trainee survey completed	× × ✓ ✓	CT1 = Outcome 2 CT2 = Outcome 3

MRCS Good portfolio & logbook Satisfactory AES and CS report ISCP trainee survey completed	× × × ×	CT1 = Outcome 2 (exceptionally outcome 3) CT2 = Outcome 3 or 4
MRCS A Good portfolio & logbook Satisfactory AES and CS report ISCP trainee survey completed	× ✓ ✓ ✓	CT1 = Outcome 2 CT2 = Outcome 3
MRCS B Good portfolio & logbook Satisfactory AES and CS report ISCP trainee survey completed	× ✓ ✓ ✓	CT1 = Outcome 1 CT2 = Outcome 2

NO FORM R – OUTCOME 5

Outcomes

- 1 – Satisfactory progress
- 2 – Development of specific competences required – additional training time not required
- 3 – Inadequate progress – additional training time required
- 4 – Released from training programme with or without specified competences
- 5 – Incomplete evidence presented – additional training time may be required
- 6 – Gained all required competences – completed programme



Guidelines for ARCP at the end of Core Surgical Training

These guidelines apply only to trainees undertaking the 2017 core surgical training curriculum, and this includes all trainees entering core surgical training on or after August 2017. Those trainees entering core surgical training before August 2017 and still in training after the end of January 2019, should transfer to the 2017 curriculum and should be assessed at ARCP against the requirements of that curriculum.

A set of guidelines equivalent to this document, summarising the requirements for successful completion of the 2015/6 curriculum before the end of January 2019, are available at <https://www.jcst.org/quality-assurance/certification-guidelines-and-checklists/>.

An outcome 6 should be awarded to every core surgical trainee who at the end of their CT2 year presents within their ISCP portfolio, evidence that they have satisfied the requirements of the curriculum for core surgical training available at https://www.iscp.ac.uk/static/public/syllabus/syllabus_core_2017.pdf. These guidelines are intended to summarise those requirements in convenient form, to assist ARCP panels in their task, but in no way supersede the curriculum itself. Runthrough specialty trainees, including ACFs, should be assessed against the same criteria at the end of their ST2 year, but satisfactory performance should result in the award of an outcome 1 and progression to the ST3 year.

Curriculum area	Required evidence	Suggested Evidence
Common content module	Certificate of completion of MRCS or MRCS(ENT) Mandatory WBAs (see table below) Current ATLS, APLS or BATLS provider status Completed AES report and at least one CS report from each placement	MSF from each WTE training year Logbook evidence of >120 cases per year WBA portfolio ¹ covering performance in clinic, the provision of acute care and in the operating theatre

¹ Aside from the mandatory WBAs, no minimum number of WBAs is specified by the 2017 CST curriculum. Trainees who present a total of 40 or more good quality WBAs spread evenly over time, the available types and different senior assessors, should be considered to be engaging well with this area of their training programme