<ins>ARCP Sign Off List</ins>

Provisional Registration			
Educational Supervisor Report			
Educational Supervisor End of Placement Reports			
Clinical Supervisor End of Placement Reports	1	2	3
TAB			
PSG			
PSA			
Form R completion			

Mini-Cex and DOPS	
Mini-Cex	
Mini-Cex	
Mini-cex	
Mini-cex	
DOPS/ Mini-cex	
DOPS/ Mini-cex	

CBD	
1	
2	
3	
4	

Life Saving	
ILS	
ALS	

Quality Assurance	
Shows evidence of understanding of/ or involvement in quality improvement facilities.	

Teaching	
Attends a minimum of 45 hours of generic foundation teaching sessions.	

The 13 FPC's

(between 1-5 mapped evidence pieces, the piece of evidence can only be mapped to max 3 FPC's, should show a mix of does, shows how, knows how).					
1 Clinical Assessment: Assess patient needs in a variety of clinical settings including acute, non-acute and community					
2 Clinical Prioritisation Recognise and, where appropriate, initiate urgent treatment of deterioration in physical and mental health					
3 Holistic Planning: Diagnose and formulate treatment plans (with appropriate supervision) that include ethical consideration of the physical, psychological and social needs of the patient					
4 Communication and Care: Provide clear explanations to patients/carers, agree a plan and deliver health care advice and treatment where appropriate					
5 Continuity of Care: Contribute to safe ongoing care both in and out of hours					
6 Sharing the Vision: Work confidently within and, where appropriate, guide the multiprofessional team to deliver a consistently high standard of patient care based on sound ethical principles					
7 Fitness to Practise: Develop the skills necessary to manage their own personal wellbeing					
8 Upholding Values: Act as a responsible employee including speaking up when others do not act in accordance with the values of the healthcare system					
9 Quality Improvement: Take an active part in processes to improve the quality of care					
10 Teaching the Teacher: Teach and present effectively					
11 Ethics and Law: Demonstrate professional practice in line with the curriculum, GMC and other statutory requirements through development of a professional portfolio					

12 Continuing Professional Development: Develop practice including the acquisition of new knowledge and skills through experiential learning; acceptance of feedback and, if necessary, remediation; reading and, if appropriate, by research					
13 Understanding Medicine: Understand the breadth of medical practice and plan a career					

Core Learning Topics	
Mental health including mental illness	
Health promotion and public health	
Leadership	
Quality improvement methodology	
Appraisal of evidence	
Integration of acute illness into chronic disease management and multiple/co-morbidities	
Frailty	
End of life care	
High risk prescribing	
Teaching skills	
Patient safety	
Safeguarding	

What is ARCP outcome 10.2 (COVID-19 disruption)

This outcome was introduced in May 2020 and is designed to support trainees at all grades of training during and following the COVID-19pandemic. It is a way to show that a trainee's progression and ARCP has been affected by COVID-19 disruption and, through no fault of their own, cannot be managed using the amended ARCP processes(see UKFPO website for the latest version).In summary, outcome 10 has been split into two parts:
10.1
Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. The trainee is not at a critical progression point in their programme and can progress to the next stage of their training. Any additional training time will be reviewed at the next ARCP.
10.2
Progress is satisfactory but the acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. The trainee is at a critical progression point in their programme and additional training time is required. Only outcome 10.2 is applicable to foundation training-this is available in the Foundation ARCP Outcome Form on the e-portfolio.

Please be aware it is not clear on the UKFPO website if this outcome is still in use so just try and get everything done ☺

Useful ARCP Sign Off Resources

ELFH : The e-learning sessions map directly to the Foundation professional Capabilities (Training Outcomes) in the 2021 Foundation Curriculum. Each session takes around 20 minutes to complete, designed to fit in with busy work/study schedules and can be used:

- As a reference tool
- For revisiting topics to refresh learning
- To prepare for a formal education session
- To ensure coverage of aspects of the curriculum that are not often encountered in the work place.

Foundation Programme Resource Booklet with links to relevant modules mapped to the areas of FPC

HORUS: The exact format of each e-portfolio may vary but they generally include:

- Personal and Professional Development Plan (PDP)
- Meetings with your educational and clinical supervisors
- Assessments
- Supervised Learning Events (SLEs)
- Reflective reports and other evidence
- ARCP

UKFPO Assessment Page:

The TAB form

The PSG Form

What teaching counts to what:

Core learning	Non-Core learning	Exclusions
Is that which is: • 2021 FP curriculum-based • Specific & available to all FDs within the LEP/foundation school • Delivered in face-to-face sessions (may be specified online interactive sessions) **Can include:** • Simulation training specific for FDs and other 'core' topics specified by the curriculum • Prescribing training • eLearning modules specified by the LEP/foundation school. No limit on amount.	**Includes but is not limited to:** • Departmental teaching (eg seminar/tutorial/small group teaching/audit meetings) • Grand rounds • Balint groups • Schwartz rounds • E-learning (aside from that specified by the LEP/foundation school)	**The following types:** • Statutory and mandatory training (except where specifically mandated by the curriculum eg safeguarding) • Induction sessions • ILS/ALS/equivalent • Completion of SLEs • Standard ward rounds • Other regular on-the-job activities (including tasters) • External study leave (eg conferences or similar) • University/higher education course

<u>What are DOPS?</u>

DOPS are direct observation of procedural skills. These are different to the 15 core F1 procedures and can be filled out by:

- supervising consultants
- GP principals
- doctors who are more senior than an F2 doctor
- experienced nurses (band 5or above)
- allied health professional colleagues.

DOPS is most useful when considering the following self explanatory areas. The Form can be accessed in the E-Portfolio.

- demonstrates understanding of indications/anatomy/technique
- obtains informed consent
- demonstrates appropriate preparation pre-procedure
- appropriate analgesia or safe sedation
- technical ability
- aseptic technique
- seeks help where appropriate
- post procedure management
- communication skills
- consideration of patient/professionalism

<u>What are Mini-cex's?</u>

Mini-Cex's are supervised learning events that look at patient interaction rather than procedures. This is what the DOPS looks at. So areas that can be used for mini-cex's are:

- Histories
- Diagnoses
- Examination
- Management Plan
- Communication
- Discharge
- Other (helpful)

<u>What is the Case Based Discussion?</u>

This is a discussion of a clinical case which serves to give feedback on a case the junior doctor has seen. There should be two or more completed per placement. It gives feedback on:

- Medical record keeping
- Clinical Assessment
- Investigation and Referral
- Treatment
- Follow Up and Future Planning
- Professionalism

How should I use Self-Development Time?

SDL is to be used for non-clinical activities which are needed to successfully develop as a doctor (AKA – get the portfolio sorted ;))
This may be rostered weekly or drawn together to make less frequent half days or whole days self-development.

Examples of activities to do during this time:

1. Meetings with ES/ CS and FTPD's
2. Reflecting on your own clinical practise and development needs
3. Updating the E-Portfolio to record development and educational activities, teaching attendance, e-learning and reflections.
4. Attending teaching or preparing teaching
5. Evidence of contributing to at least one quality improvement project.
6. Career exploration, decision making and applications
7. Undertaking personal learning relevant to the FP outcomes.

Activities that can not be done in SDL:

- attending departmental or trust-delivered/regional teaching programmes
- attending trust or departmental meetings, such as audit, quality improvement, morbidity mortality or governance meetings
- taking study leave
- undertaking taster days / sessions to gain insights into potential career options
- attending induction programmes for trusts or departments
- completing trust mandatory training, for example fire safety or information governance
- preparing for postgraduate examinations (except Prescribing Safety Assessment)

Things to put in a portfolio:

1. Personal Learning log:
   a. Minimum of 30 hours of core and 30 hours of non-core learning
2. Reflective Practice
3. Simulation (the LEARN form is recommended for these)
4. Quality Improvement
   a. Understanding QI is a requirement and teaching on this should be recorded. You should also *aim* to contribute or complete a QI project.
5. Leadership
   a. This can be guiding medical students on the ward or leading MDT teaching. This can be recorded in the LEADER form.
6. Tasters
7. Summary Narrative
   a. Form of written reflection used mainly for non-training grades so this is to prepare for the future
8. Feedback

Clinical and educational supervisors' reports

These form the basis of your summative (ie. pass/ fail) and will be completed in your portfolio.

Blueprint of assessments:

HLO 1: An accountable, capable and compassionate doctor		HLO 2: A valuable member of healthcare workforce	HLO 3: A professional, responsible for their own practice and portfolio development
Summary narrative		Summary narrative	Summary narrative
Summative assessments	CSR, ESR, PSA	CSR, ESR,	CSR, ESR, Form R/ SOAR
Formative learning	Learning log, Reflective practice, SLEs, TAB, PSG	Learning log, Reflective practice SLEs, PSG, TABs	Learning log, Reflective practice SLEs e-portfolio engagement

> a. This is the TAB and PSG
>   form
9. Portfolio Evidence
>   a. This is the curriculum
>   linkage stage which you
>   should aim to link FPC's to
>   a range of things you have
>   done such as SLE's (DOPS
>   and Mini-Cex) , reflective
>   practise, formal feedback,
>   SDL. Be mindful that this
>   evidence has to come from a
>   range of topics in the Millers Pyramid. *Knows, knows how,*
>   *shows how, does.*