

**SAC in Otolaryngology**

**Higher Surgical Training Year 4 (ST6) ARCP Checklist**

**Introduction**

This checklist is to be used as a guide for trainees, Training Programme Directors (TPDs) and SAC Liaison Members (LMs) to ensure trainees are ‘on track’ to satisfy the requirements for certification. This will help ensure that there are no unexpected or unresolved issues for the trainee when going into the last two years of training.

If there are concerns, these should be documented and an action plan agreed. It is not mandatory to award an ARCP 2 or 3 as a consequence of development needs identified, although this may be in the trainee’s interest.

Evidence should be available within ISCP and the eLogbook to inform this checklist.

If there are development needs identified, agreement to sit the examination and arrangements for out of programme (OOP) should be delayed until these needs are met or it is agreed that the trainee is ‘on track’.

**Operative Skills**

Please check that the trainee is ‘on track’ to have achieved competence in operative procedures as set out in the curriculum. The specified numbers for index cases are a bare minimum. As well as numbers performed, trainees need to demonstrate competence to the standards for technical skills as set out in the curriculum so evidence for progression to competence should be available in the portfolio. So, for example, if a trainee at ST6 has performed 20 tracheostomies and is a Level 3 on a PBA, that trainee would be ‘on track’ for certification, whereas if the logbook shows only 5 tracheostomies and there are no PBAs, this should be identified and flagged up as an area for development.

Evidence: eLogbook, PBAs, AES & CS report.

**Clinical Skills**

There should be evidence in the trainee’s portfolio that he or she is at the level of competence for the intermediate period of Speciality Training (Level 3 on CBD & Mini CEX) in a wide range of clinical skills commensurate with developing into a safe, competent consultant. Specifically there should be evidence that the trainee is developing skills at the required rate in the following areas:

* Management of emergencies
* Management of inpatients
* Formulation of a management plan in outpatients including diagnosis and appropriate use of investigations
* The level of knowledge should be broadly at the level of the intercollegiate examination

Evidence: AES & CS reports, MSF, emergency log, CBD, Mini CEX, ISCP.

**Professional & Leadership Skills (P&LS)**

There should be evidence in the trainee’s portfolio that he or she is at the level of competence for the intermediate period of Speciality Training (Level 3 on CBD & Mini CEX) in a wide range of P&LS commensurate with becoming a safe, competent clinician. Specifically there should be evidence that the trainee is developing skills at the required rate in the following areas.

1. **Communication, Teamwork & Leadership** e.g. breaking bad news, effective working with nurses & AHPs, recognition of Human Factors aspects of care, MDT working.

Evidence: CBD, Mini CEX, MSF, AES & CS reports, reflection.

1. **Quality & Safety Improvement** e.g. Audit, involvement in guideline development, SUIs, root cause analysis etc.

Evidence: ISCP, MSF, Completed Audits, MSF, Reflection, AES/CS reports.

1. **Research:** The trainee should be on track to demonstrate achievement in requirements for research competencies as clearly documented in certification guidelines. They should be able to demonstrate an ability to critically appraise the literature to inform his or her management of patients. Programmes may set their own targets for research and it should be confirmed that research projects that have been started have been completed or there is a robust plan to do so. Trainees should attend a Research & Critical Appraisal course during their training. This may be as part of a Masters course. An action plan for completion of any incomplete research should be in place.

Evidence: CV (publications), ISCP (Evidence & Notes), AES & CS reports, Reflection.

1. **Teaching:** It is the duty of a doctor to be involved in teaching. The trainee should be able to demonstrate effective teaching skills.

Evidence: ISCP, Evidence & Notes, Assessment of Teaching, MSF, AES & CS reports.

**Summary**

A judgement should be made as to whether the trainee is ‘on track’ for attaining certification competencies. ST6 is an opportune time to check this, prior to sitting the examination and/or being permitted to go on fellowships. In reality, this should be an ongoing process throughout training. Trainees should be encouraged to develop a special interest and ST6 is an opportune time to give advice as to what specific training is needed to pursue this successfully.

**SAC IN OTOLARYNGOLOGY
ST6 ARCP CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee name:** |  | **Date:** |  |
| **GMC reference no:** |
| **Deanery/LETB:** |  | **Special interest:** |  |

1. **Operative Skills**

Evidence: ISCP PBAs, eLogbook, AES and CS reports. Must be P, T, S-TS, S-TU (\*for FESS P, T, S-TU)
Minimum of 10 cases

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | LEVEL NB CCT/CESR(CP) (ST8) | YES | NO | No. to date |
| Is the trainee ‘on track’ to complete 2000 operations as main surgeon or first assistant by certification? |  |  |  |  |
| Paediatric Endoscopy | 4 |  |  |  |
| Mastoid operations | Cortical: 4Others: 3 |  |  |  |
| FESS  | 4 |  |  |  |
| Septorhynoplasty | 4 |  |  |  |
| Tracheostomy | 4 |  |  |  |
| Oesophagoscopy/Pharyngoscopy/Bronchoscopy/ Laryngoscopy and R/O foreign body | 4 |  |  |  |
| Major Neck Resections |  |  |  |  |
| * Selective Neck Dissection
 | 4 |  |  |  |
| * (Modified) Radical neck Dissection
 | 2 |  |  |  |
| * Parotidectomy
 | 4 |  |  |  |
| * Hemithyroidectomy
 | 3 |  |  |  |
| * Laryngectomy
 | 2 |  |  |  |

1. **Clinical Skills**

Evidence: AES & CS reports, MSF, emergency log, CBD, Mini CEX,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | LEVEL | YES | NO | EVIDENCE |
| Is the trainee ‘on track’ in clinical skills development? |  |  |  |  |
| * Emergencies
 | 3 |  |  |  |
| * Management of inpatients
 | 3 |  |  |  |
| * Outpatient management
 | 3 |  |  |  |
| * Knowledge
 | Exam |  |  |  |

1. **Professional & Leadership Skills**

Evidence: ISCP WBAs, MSF, Completed Audits, MSF, Reflection, AES/CS reports.

|  |  |  |  |
| --- | --- | --- | --- |
| Is the trainee ‘on track’ in: | EVIDENCE | YES | NO |
| **Communication, Teamwork & Leadership** e.g. Breaking Bad News, MDT Working, Human Factors |  |  |  |
| **Quality & Safety Improvement** e.g. Audit, involvement in guideline development, SUIs, root cause analysis etc.* 1 audit per year (including at least one covering personal practice)
 |  |  |  |
| **Research*** Has the trainee attended a Research & Critical Appraisal Skills course? (e.g. as part of Masters)
* Demonstrated engagement e.g. met agreed target for publications
 |  |  |  |
| **Teaching*** Involvement in teaching
* Teaching certification
 |  |  |  |

1. **Courses**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | COMMENT |
| Temporal Bone |  |  |  |
| FESS |  |  |  |
| Head & Neck |  |  |  |
| Septorhinoplasty & Facial Plastics |  |  |  |
| Laser (may be part of H&N course) |  |  |  |
| Good Clinical Practice (GCP) course |  |  |  |
| APLS (current at CCT/CESR(CP)) |  |  |  |

1. **Summary**

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| This trainee is ‘on track’ to meet certification requirements? |  |  |

**Detail of Action Points below**

|  |  |
| --- | --- |
| **Detail Action Plan** | **Target Date** |
| 1. |  |
| 2. |  |
| 3. |  |

Trainee signature: TPD/LM signature: