

The ISCP Systems Group: Enhancements to the Learning Agreement and ARCP

The Intercollegiate Surgical Curriculum Programme (ISCP) is bringing about a change of learning culture for surgical trainees in which learning is transparent and there is explicit formative feedback. A key principle is that surgical trainees should be able to demonstrate that their learning has met defined standards of conduct and practice. The Programme Director (PD) is responsible for the training programme within which trainees now have regular appraisals with an Assigned Educational Supervisor (AES) using a Learning Agreement (LA) and a review of progress through an Annual Review of Competence Progression (ARCP). These support the trainee by helping them to identify their educational needs and then, in conjunction with their AES, to plan and manage their surgical training.

The LA went live in 2007 (although piloting began in 2005), followed by the introduction of the ARCP (as a successor to the Record of In-Training Assessment or RITA) in 2008. Since then, the ISCP has received a great deal of feedback from trainees and trainers, the Specialty Advisory Committees, Surgical Tutors, the ISCP Helpdesk and the Regional Team. In line with the desire of the ISCP to keep the website as user friendly as possible, a so-called "Systems Group" was recently convened in order to collate feedback and make recommendations for improved functionality, particularly in the Learning Agreement and ARCP.

The Systems Group

The group is chaired by the ISCP Surgical Director and membership of the group reflects the ISCP's key stakeholders including representatives of the Schools of Surgery, Deaneries, PDs, AESs, the Regional Team, trainees and specialty leads. The group convened in February and began by reviewing their own experiences of using the LA and ARCP and discussing feedback received from elsewhere with a view to identifying areas in which improvements could be made. Members are also involved in testing proposed models and helping to communicate changes across specialties and deaneries.

The LA and ARCP

The LA is an appraisal tool which sets down what the trainee should learn during the coming clinical placement, how they should learn it and what evidence they need to show that they have learned it. It provides the trainee with feedback about their performance and it summarises the main learning objectives the trainee has already achieved. The ARCP is a formal deanery process which scrutinises each surgical trainee's suitability to progress to the next stage of training or programme completion. It follows on from the appraisal process and bases its recommendations on the evidence that has been gathered during the clinical placement. Central to this is the sign off of the learning agreement during which the AES gives an assessment of the trainee's progress over the course of the clinical placement.

The chief enhancements that can be made to the online documentation recommended by the systems group are outlined below:

Learning Agreement

- The LA is currently linked to the PD's Global Objective which enables the PD to prioritise particular areas of the syllabus that trainees must be able to manage by the end of the training year. The group recommended that it would be more efficient if the PD could select templates that matched the mandatory areas of the syllabus so that essential components could be downloaded *en bloc*. It should then be more clear which syllabus topics are mandatory and which are placement-specific. This will have a particular value during core training, where there are a large number of surgical principles applicable to

all specialties that will be achieved in a slightly piecemeal way over the full duration of Core Surgical Training.

- Although the AES is the person with overall responsibility for monitoring the trainee's performance during a clinical placement, the trainee's day to day training is the shared responsibility of the surgical team in which there will usually be a number of Clinical Supervisors (CSs). It is essential that the whole team demonstrate a collaborative view of the trainee's achievements during the clinical placement. Accordingly the systems group recommended that there should be a mandatory area within the LA's *Objective Setting* section for naming each CS in the faculty team and that at least one CS must comment on the trainee's progress in the end of placement report. As an aid, an automatic system alert should be sent to the team at completion of the *Interim Review*, reminding them to add their commentary.
- As trainees build their portfolios, the number and type of workplace assessments are summarised and these can be compared to the LA objectives. The group felt that more summary detail would be useful and should match the summary displayed in the ARCP. It is now possible for trainees to upload additional documentation into their portfolios and the group considered that trainees' reflective writing would be a useful addition adjacent to their Case Based Discussions.
- The *Final Review* is key because it enables the AES to make an end of placement report. The group considered that it was not self evident that the final review served two purposes; firstly as an appraisal record and secondly as a summative report for the ARCP. The appraisal focuses on providing feedback and helping the trainee to close the learning loop which began at objective setting. The ARCP requires a high quality summative report by the AES, giving a full picture of the trainee's progress including strengths and recommendations for development. The group recommended that it would be more helpful if the final review was divided into two distinct parts with guidance about how they should be completed and that it should be mandatory for at least one CS to contribute to this report. They also felt that the structure of the form should be consistent with the General Medical Council's Good Medical Practice framework such that not only clinical skills, but other professional skills such as communication skills and academic achievements, be recorded.

The Systems Group aims to release the updated Learning Agreement in August 2011.

ARCP

- Each PD is responsible for setting up their own trainees' individual ARCPs. The group considered that the administrative process would be more efficient if panel meeting arrangements could be saved as a template with the ability to allocate any number of trainees to each meeting template. They recommended that rather than using the system to invite the trainee to the ARCP meeting, the system should only inform the trainee of the date of their ARCP because it is the responsibility of the Deaneries to send other communications.
- The ARCP can be run at any time, covering any period and is often used to conduct interim reviews. The group recommended that when the system is used for an interim review, the trainee should be awarded a *predicted outcome* rather than an ARCP recommendation.
- It was felt that the headings for supplementary evidence in the Dental Gold Guide¹ would be useful for all surgical trainees and particularly for trainees with development needs and that there should be a mandatory section for the panel to make recommendations for next stage of training. The panel's recommendation should automatically transfer to the trainee's next Global Objective and ARCP. It was agreed that the areas for recording the trainee's next training level and training time were unnecessary.

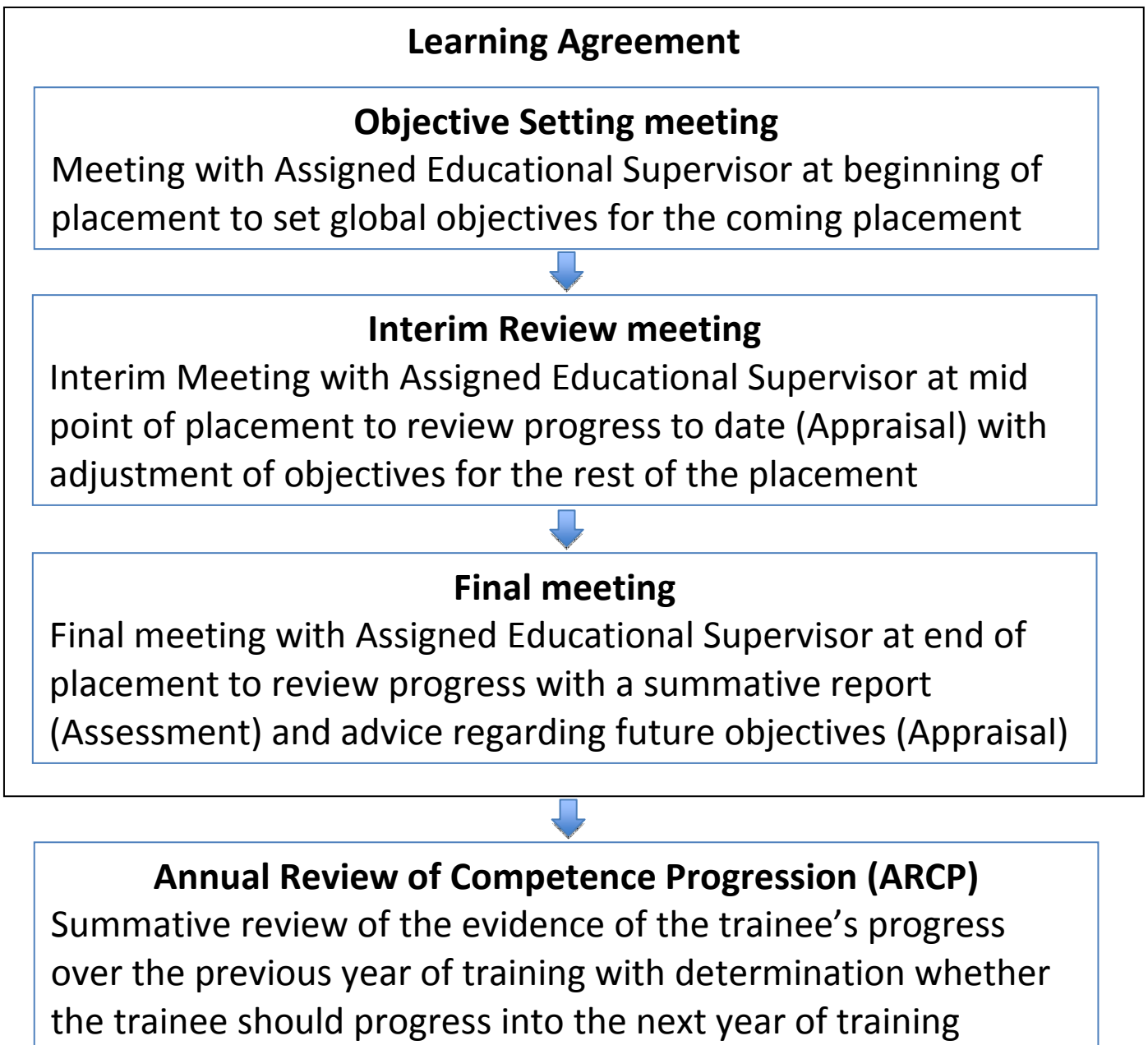
- The group proposed that ARCP Recommendation 6 (*Gained all required competencies; will be recommended as having completed the training programme and for award of a CCT or CESR*) should feed electronically into the Joint Committee on Surgical Training which would then initiate to process that would ultimately result in a recommendation of a CCT being fed to the GMC.
- The group requested an improved print version of the electronic ARCP form, with all sections available to the trainee on completion. They requested that functionality be extended to allow key stakeholder groups to generate their own ARCP outcomes reports.

The Systems Group aims to release the updated ARCP by Spring 2012.

In summary therefore, these changes should make the process of appraisal and assessment of surgical trainees easier for the trainee, the PD and for the AES. This is however an ongoing process and the ISCP team welcome suggestions from any stakeholder of ways in which the functionality of the ISCP website be improved.

Figure 1

Summary of the meetings between trainee and trainer during a clinical placement



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References

- ¹ UK Committee of Postgraduate Dental Deans and Directors (COPDEND) *A Reference Guide for Postgraduate Dental Specialty Training in the UK October 2009* (Appendix 4)