



Royal College *of*
Emergency Medicine

External Advisor Handbook February 2023

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Background

The GMC's quality assurance framework (QAF) requires Deanery/HEE regions to ensure external scrutiny of the quality management (QM) process. At specialty levels, such advice will normally come from the Medical Royal College's and Faculties. The QAF acknowledges that as part of their quality management (QM) activity Deans "in conjunction with the Medical Royal Colleges and the Faculties may need to carry out a form of local visiting with the guide of providing educational training opportunities". Indeed, visits "should include expertise external to the programme being reviewed."

This handbook has been developed by Training Standards Committee (TSC) at The Royal College of Emergency Medicine (RCEM) and incorporates Academy of Medical Royal Colleges agreed minimum requirements for Colleges and Faculties in relation to Assessors adopted by the GMC.

It provides External Advisors with information on the delivery of specialist externality advice for Annual Reviews of Competence Progression (ARCPs), Deanery/HEE Local Education Provider (LEP) monitoring or targeted visits or Programme Reviews for Emergency Medicine and from an EM context, Acute Care Common Stem (ACCS) Training programmes.

A glossary providing further information on these activities can be found in Appendix 5.

The GMC's quality assurance framework

The GMC sets the standards and outcomes for postgraduate medical education and training from undergraduate education at medical schools to postgraduate education. It does this by: establishing and overseeing standards and outcomes in medical education and training through five core elements:

1. Promoting excellence
2. Excellence by design
3. Generic Professional Capabilities framework
4. Outcomes for graduates
5. Outcomes for provisionally registered doctors with a licence to practise

The delivery, assessment and evaluation of specialty training is defined by the GMC Quality Assurance Framework (QAF) Promoting excellence: standards for medical education and training sets out ten standards which the GMC expect organisations responsible for educating and training medical students and doctors in the UK to meet. The GMC standards and requirements are organised around five themes with patient safety as the first priority.

- Learning environment and culture
- Educational governance and leadership
- Supporting learners
- Supporting educators
- Developing and implementing curricula and assessments

The day-to-day management (including responsibility for the quality management of specialty training programmes) rests with the Postgraduate Deans who implement a range of models to manage their specialty training programmes. The models will vary but will rely on senior doctors involved in training and managing training in the specialty providing advice and programme management. Whichever model is used, these structures will seek advice and input from the relevant College/Faculty and their delegated representatives on specialty training issues, including

such areas as curriculum delivery, the local content of programmes, assessments of trainees, remedial training requirements, and the recognition and training of trainers.

The role of the External Advisor

The role of the External Advisor (EA) is to provide expert impartial advice and scrutiny of all processes of delivery, assessment and evaluation of specialty training according to the GMC Quality Assurance Framework (QAF). The QAF advises that the host Deanery/HEE Local Office must be able to confirm the independence of EAs.

External Advisors are senior members of RCEM, with extensive educational experience and act as representatives of the RCEM Training Standards Committee (TSC).

The job description for External Advisors is included in Appendix 4.

External Advisors must but up to date with Equality and Diversity training.

They must be current Educational supervisors and in date for ARCP training.

They must receive an induction through the RCEM, be involved in annual review with the TSC Quality Lead and attend updates for EA every three years.

Reports

Following the completion of the externally reviewed activity, the EA writes a report focusing on the quality of the ARCP or visit they have observed.

Reports should be completed within two weeks and submitted to RCEM Training Programme Manager and the RCEM Quality Lead. Current addresses for these are:

Lee.sullivan@rcem.ac.uk – Training Programme Manager

Tamsin.Dunn@Hee.nhs.uk – current RCEM Quality Lead

EAs should not use their position to undermine Deanery/HEE processes in an open forum. They need to be aware also that External Advisor reports (Appendix 1 and 2) will be widely circulated, and that RCEM may be held responsible for the consequences of the report. Any perceived sensitive issues should always first be shared with the Postgraduate Dean and Head of School. If the issue remains of concern, the EA should contact the RCEM Training Manager and flag to the TSC Quality Lead.

Annual Review of Competence Progression (ARCP)

The reference guide for Postgraduate Specialty Training in the UK (The Gold Guide) sets out the arrangements agreed by the four UK health departments for specialty training programmes and is maintained by the Conference of Postgraduate Medical Deans (COPMeD) on behalf of the four UK health departments. These arrangements include the provision of a formal ARCP process to assess trainee progress towards demonstrating the knowledge, skills and behaviours for the year of training through the collection of evidence as defined by the relevant specialty curriculum and the curriculum's decision aid. An ARCP panel is convened by Health Education England (HEE), NHS Education for Scotland (NES), the Wales Deanery or The Northern Ireland Medical and Dental Training Agency (NIMDTA) to consider and approve the adequacy of the evidence provided by the trainee.

The panel should have input from a lay member and an External Advisor who should review a minimum random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over performance and training progression. Where more than one specialty is being assessed as part of an ARCP panel, i.e. dual or sub-specialty training or an integrated academic programme, the panel will include specialist/sub-specialist/academic input the GMC requires a separate outcome per specialty and sub-specialty.

The ARCP process is not an assessment of the trainee in and of itself but it is an assessment of the documented and submitted evidence that is presented by the trainee. As such, the trainee does not need to attend the panel.

However, HEE, NES, the Wales Deanery and NIMDTA may wish to have trainees present on the day to meet with the panel after its discussion of the evidence and agreement as to the outcome(s). This is not part of the ARCP process and need not be attended by the External Advisor, although for non-standard outcomes this may be of value.

The panel should consist of at least three panel members appointed by the training committee,

- One must be either the Postgraduate Dean or their nominated deputy, the Head of School or a Training Programme Director.
- Other appropriate panel members could be the Chair of the Specialty Training Committee, Educational Supervisors (ES), Lay Representative and Associate Directors/Deans.
- The panel could also have a representative from an employing organisation to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their service.

When a non-standard outcome is anticipated by TPD or ES (Outcomes 2, 3 or 4), the trainee must be informed of the possible outcome prior to the ARCP panel meeting. If after the panel has considered the evidence and made its judgement, a non-standard outcome is recommended, the trainee must meet with

either the ARCP panel or a senior educator involved in their training programme at the earliest opportunity. As most panels do not involve trainee meetings, please enquire how this will be completed.

Revalidation

The ARCP also provides advice to the Postgraduate Dean, in their role as Responsible Officer, about revalidation of the trainee to enable the RO to make a recommendation to the GMC. It is applicable to:

- all specialty trainees (including core trainees) whose performance through a specialty training programme must be assessed to evaluate progression.
- trainees in combined academic/clinical programmes
- trainees who are out of programme (OOP) with the agreement of the Postgraduate Dean
- trainees who resign from a programme. Such trainees will have their progress up to their resignation date reviewed by an ARCP panel (unless resignation is within 3 months of the last ARCP).

The ARCP panel should document any relevant capabilities that have been achieved by the trainee (by linking a comment at the end of the ARCP document).

All trainees must submit an updated Form R or SOAR (Scottish Online Appraisal Resource) that reflects their full scope of practice annually. Failure to do this within 2 weeks of an ARCP would require the trainee to attend a support meeting with the RO or nominated deputy to understand the situation and next steps.

All trainees (including LTFT) should have at least one ARCP outcome (not including outcome 5) recorded within a maximum interval of 15 months to facilitate revalidation.

Quality Assurance of the ARCP Process

Since decisions from the ARCP panel have important implications for both patient safety and individual trainees, there should be external scrutiny of its decisions by an External Advisor and a lay rep. The EA is an expert in their specialty ARCPs and is a representative of RCEM.

The EA should be familiar with the latest Gold Guide. Version 9 is accessible here

<https://www.copmed.org.uk/gold-guide/gold-guide-9th-edition>

EA's are expected to attend 1-2 ARCPs per year.

They should aim to attend panels that assess a variety of trainees from different training years and a range of expected outcomes. HoS & TPDs should be able to guide EA to the best days, so RCEM is able to review the required 10% of outcomes required.

Most ARCP panels are completed virtually, and arrangements should be made for the EA to attend remotely but with enough information available for them to comment authoritatively on the processes of delivery, assessment and evaluation of the specialty training. The EA should ensure that the ARCP process is consistent and appropriate for the specialty.

The EA may contribute to the ARCP panel. The panel chair is responsible for decisions made and if non-standard outcomes are discussed the ARCP panel should be using their current mechanisms in place to support the decision making. The EA may also contribute to the advice given to individual trainees.

EAs would not be expected to report on individual trainees, although where an Outcome 4 is anticipated, or if the EA has concerns regarding the Panel's decision enough detail should be kept allowing the EA to recall events.

ARCP outcomes should be awarded as per the Gold Guide, and since the launch of the new curriculum the ARCP panel should be using the RCEM ARCP Decision Checklist and Decision Guide to support panel decision making. A list of outcomes is in Appendix 6.

Less Than Full Time trainees (LTFT)

The GMC requires that all LTFT trainees attend an annual review and an outcome be issued. The ARCP form should clearly document the period under review, i.e. 6 months/8 months etc. The gold guide states that LTFT trainees should have an ARCP no less than annually but at intervals no more than 15 months but may need an ARCP at a critical progression point in training (Section 3.133). Should an extension to training be required following the award of Outcome 3, this will be on a pro rata basis if training requirements for progression have not been met. However, the option remains open to complete on a fixed term basis if there are sound educational reasons to do so (Section 3.133)

Academic/clinical trainees

The ARCP decision should always be made in accordance with the Gold Guide. The academic supervisor should be required to submit the completed Report on Academic Progress form, along with the trainee's supporting documentation from the academic assessment, for review by the panel. The trainee must also submit evidence of clinical achievement. The clinical educational supervisor's report must indicate the 'pro-rata' rate of acquisition of clinical competences has been satisfactory, given the time commitment available for clinical training.

Although the panel is assessing both clinical and academic outcomes, if sufficient academic progress has not been achieved the trainee should not be given an outcome 2 or 3. There may however be consideration as to whether the trainee remains on the academic programme or whether they should return to the clinical training programme.

A final decision regarding this can only be made in consultation with the trainee, the academic supervisor and the Director of the academic programme. The outcome recommended and the academic report should be attached to the outcome document and sent to the Postgraduate Dean, trainee and their academic supervisor.

ARCP Appeals

The trainee may request a review or appeal within 10 working days of receiving written notification of their ARCP outcome. Deaneries/HEE Local Offices will have local processes for managing the ARCP review or appeal process. If you have been involved in this panel you maybe asked to review the panel decision in the first step of the appeals process.

Programme / Local Education Provider visits

Deaneries/Health Education England are responsible for specialty visits within their regions and may invite EAs to accompany them to routine Deanery/HEE monitoring visits to LEPS. The Deanery/HEE will determine which specialty programmes will be the focus of their visit, and then invite appropriate advisors to provide specialty input into the visit as part of the visiting team. It is not expected that an EA will attend every Deanery/HEE led visit or that an individual EA will be invited to join a specialty visit every year.

Local Education Provider (LEP) targeted visits

When serious training problems have been identified or are suspected, specialist external input is mandatory. In this case the Deanery/HEE will seek a representative for externality and the TSC Programme Manager/Quality Lead will seek an appropriate panellist.

All requests for External Advisor participation in specialty LEP visits must be recorded centrally by the TSC Programme Manager. Regional Offices, External Advisors or TSC representatives who receive LEP visit requests directly should notify the TSC Training Manager at RCEM to ensure the request is recorded and that there is appropriate representation agreed for the visit.

The EA should be a signatory to the visit report and a copy of the final version of the report should be sent to the TSC Training Programme Manager and Quality Lead for their records.

Promoting Excellence in Emergency Medicine Training

The best RCEM guidance for training or programme visits is Promoting Excellence in Emergency Medicine Training.

https://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Promoting_Excellence_in_Emergency_Care/RCEM/Exams_Training/UK_Trainees/Promoting_Excellence_in_Emergency_Medicine.aspx

Published in July 2020 by the TSC this outlines best practice for training at both the local education and regional training levels. It is a lengthy document but will be a useful source of reference and best practice for your report.

For example, section A vii/ states:

ED's must ensure that learners have appropriate levels of supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience.

Section C ii/

If the case mix of patients attending the department is altered by local protocols for ambulance diversion, restricting the training opportunities in the unit, it may be necessary to restrict the time spent at such units. Training recognition may be precluded.

Section F outlines:

Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days and other learning opportunities to meet the requirement of their curriculum

Section H i/ and ii/:

i/ Training capacity is defined by the ability to provide workplace, clinical and educational supervision for specialty

trainees. Trainers should have 0.25 PA per trainee in their job plans to ensure they can deliver high quality training.

ii. In general Emergency Departments there must be at least 2 substantive FRCEM consultants on the specialty register for EM training posts to be recognised.

Section M:

It is the responsibility of EM Schools in conjunction with Postgraduate Quality Management processes to ensure that, over the course of Specialty Training Programmes, each trainee is exposed to the full range of Emergency Medicine practice in a balanced rotation which allows them to meet all their curricular competencies.

Appendix A includes

Quality Indicators for Clinical Placements 2020-23

i. 0.25 PA per trainee in ES/NCS job plans

ii. ES meet required specifications

iii. Number PEM consultants

iv. Access to specialty tutor

v. Local QI lead

vi. Local US lead

vii. FRCEM examiner

- viii. SIM training opportunity
- ix. Representation at regional ARCPs
- x. Local feedback mechanism
- xi. Comply with SPA recommendations for trainees
- xii. 50% shifts have direct consultant supervision
- xiii. 2 substantive consultants on specialty register
- xiv. 1 consultant per HST and ACP trainee
- xv. Local training programme

Quality Indicators for EM Schools 2020-23

- i. All ES formally trained and approved
- ii. FRCER examiners in all training sites
- iii. Regional US lead
- iv. Regional QI lead
- v. Regional feedback at least annually
- vi. Feedback for ES from ARCPs
- vii. Feedback for ES from Trainees
- viii. Regional training Programme
- ix. Regional exam courses
- x. Regional SIM lead
- xi. Shares data with TSC
- xii. Provides annual school report to TSC
- xiii. Has at least two regional external assessors

Checklist for External Advisors

1. Inform College and Deanery that you can attend as soon as possible
2. Contact point at the Deanery will be the Training Programme Manager
3. The Deanery may wish to arrange any travel and accommodation (as this may be more cost efficient). Liaise with them early. If they do not arrange travel you can request a travel warrant. This is in the form of a “cheque” or code that means when you arrive for your train the Deanery picks up the cost. The benefit to you is that you are not out of pocket for months. The travel warrant will only cover the train journey. Agree other expenses such as taxis or air travel in advance.
4. Ensure you are up-to-date with Equality and Diversity training. Your Trust or Deanery will be able to provide an update.

ARCPs

1. We aim to see at least 10% of the ARCPs, so ensure when you visit that this is a good use of your time with a spread of trainees from across training years. Attending for high stakes ARCPs is also valuable.
2. If the panel anticipates an Outcome 4 ensure that you have time and access to all supporting information. If the Outcome 4 relates to poor clinical practice it is important to ensure the issue of potential referral to the GMC is raised. It is the responsibility of the Postgraduate Dean to decide on GMC referral. It may, however, be appropriate to ensure patient safety issues are addressed with a trainee who is released from training in these circumstances. This action would usually be by the Chair of the panel. Ensure you take notes.
3. Deaneries should only be using the RCEM checklist to make ARCP decisions, not local adaptations.
4. Ensure you understand the process and ask questions. There are lots of regional variations but ensure the chair explains their decision making to you, so you can be happy about the process. Look for consistency. If you have issues with procedure/parity ideally raise this with the chair but ensure you keep written record. Communicate with Postgraduate Dean or Head of School if you have immediate concerns, flag these also to RCEM.
5. Compare and contrast processes. Highlight areas of good practice and reflect on areas for development.
6. Submit your report within two weeks to the Deanery, Head of School and RCEM Training Programme Manager.

Appeals, Triggered visits, Programme reviews

1. Ensure you are fully briefed in advance of the meeting. For Triggered Visits and Programme reviews ensure you are aware of the reasons. (Ask us if you are unsure and we can explore for you)
2. Ask to review School Board meeting minutes for the previous year (triggered visits and Programme reviews).
3. Ask to see the GMC trainee and trainer feedback for the last 2 years.
4. Review previous Deanery Annual Report and site reports (Triggered visits and Programme reviews).
5. Review the outcome of FRCM or Intermediate/MRCM examinations if relevant.
6. All paperwork for a visit should be received by you a month in advance of the visit.
7. The formal Deanery visit report will be completed by the panel chair. You also have an RCEM template. Please ensure that your report feeds into the main report and please send copies of both to the Training Programme Manager at RCEM for the Quality Lead to review within a month of the visit.
8. Your report should record outcomes and any issues. Please make note of Good Practice. You are there to be impartial but sit with both a trainer and trainee perspective. Knowledge of Promoting Excellence will facilitate this.

Reports

No apologies for writing this again.

Reports to be submitted within two weeks to:

1. Deanery/HEE manager for ARCPs or Visit Chair
2. Head of School
3. RCEM Training Manager with copy to Quality Lead
4. For visit reports please submit final visit report too

External Advisors add value to the visits.

You are experienced clinicians and educators. You are also in the position of being able to ask questions about current training issues and how they may be affecting the training programme and individual trainee.

Commencing in Post

After induction you are asked to confirm in writing your acceptance of the role.

Those who are not TPDs or Current Head of School need evidence of recommendation from Head of School.

You will have annual contact with the Quality Lead regarding updates/report discussion

You will need a formal update every 3 years through RCEM (new Gold Guide Advice)

Checklist for HEE region/Deanery Programme Managers

1. Please request an External Advisor from the College as early as possible
2. The External Advisor name will be emailed to you.
3. The External Advisor will confirm to the HEE region/Deanery and RCEM that they are attending.
4. If a face to face visit is required please ensure that the method of claiming for travel arrangements is made clear before travel is booked.
5. The External Advisor will require documentation one month in advance of any Appeal, Triggered Visit or Programme Review. This will include - School Board meeting minutes for the previous year (Triggered visits and Programme reviews).
GMC trainee and trainer feedback for the previous 2 years
HEE region/Deanery Annual Report and site reports (Triggered visits and Programme reviews).
FRCM or MRCEM examinations if relevant.
A briefing of any local issues that they need to be aware of
Access to all relevant documents for an Appeal. These may not be sent out, but sufficient time needs to be given for review.
6. For ARCPs the External Advisor will need access to the trainees e Portfolio.
7. If a local report is required, please could the template be sent in advance of the visit. If there is no local template the External Advisor will use the College report format.
8. Please could all expenses claim forms be available on the day for the External Advisor with clear instructions for how/where to be returned.

Appendix 1 External Advisor ARCP report template



External Advisor Report

Deanery/LETB (e.g. East Midlands)		Date	
Did you visit the Deanery/LETB or attend by teleconference?		Is this your first ARCP panel as an EA?	

Total number of trainee reviews

ARCP Outcome	1	2	3	4	5	6	7	8	9 or N
Number awarded									

Please read the attached guidance notes before completing the next section of the form.

Please select Yes or No for each of the questions below and use the 'comments' field at the end to explain the reason for any of negative responses or any other concerns you have identified.

Note: Any serious concerns should be raised with the visiting site’s Postgraduate Dean immediately. Please confirm you have done this by emailing a copy of the correspondence relating to this to TSC Training Manager: lee.sullivan@rcem.ac.uk

1. Process Does the panel review process consistently achieve the standards required by the Gold Guide?	
<ul style="list-style-type: none"> Was the panel chair identified? Were they a representative of Dean (TPD or HOS)? Were ALL the panel trained in both E&D and ARCP? Were there at least 3 trained panel members for each panel? Were any conflicts of interest explored/managed e.g. Educational Supervisor on panel 	YES / NO
<ul style="list-style-type: none"> Ensuring trainees are not present during the panel decision-making process for the outcome? (although they may be present to meet with the panel after the outcome has been determined) 	YES / NO
<ul style="list-style-type: none"> Are there plans being made to meet with trainees awarded a 2,3,4 to meet with an appropriate senior educator at the earliest opportunity? 	YES / NO / N/A
<ul style="list-style-type: none"> Ensuring ALL trainees awarded with outcomes 2, 3 or 4 have had the opportunity to read the Educational Supervisor and/or TPD reports on their e-portfolio and have submitted a response if they wished to before the meeting? 	YES / NO / N/A
<ul style="list-style-type: none"> Ensuring Educational Supervisor Reports: <ul style="list-style-type: none"> Reflect the learning agreement and agreed objectives Show judgements are supported by the relevant evidence such as WPBA Link progress with personal development and set out clear goals in the action plan for the coming year Outline any changes to the learning agreement or remedial action taken during the training period for whatever reason 	YES / NO
<ul style="list-style-type: none"> Ensuring other relevant evidence on the e-Portfolio has been reviewed as per RCEM checklist in the same amount of depth for all trainees: <ul style="list-style-type: none"> Previous ARCP decisions and educational objectives Multi-source Feedback RCEM ARCP checklist for year of training Management and QIP progress Logbook /WPBA Form R including TOOT and any relevant incidents/comments are noted by supervisor and reflected upon by the trainee <p><i>Was a decision aid used for this? If so, could a copy be included with your report.</i></p>	YES / NO
<ul style="list-style-type: none"> Ensuring there are clear action plans and SMART objectives set at the ARCP for each trainee 	YES/NO
<ul style="list-style-type: none"> Ensuring the reason for any non-standard outcomes (2, 3, 4) are recorded and communicated clearly? (Was/were the trainee(s) made aware of the specific competences to be achieved and a timescale agreed for achieving outstanding competences?) 	YES / NO
<ul style="list-style-type: none"> Was adequate consideration given to PSU referral/exam support/SuppoRTT etc. when considering educational plans 	YES / NO / N/A

2. Decision-making	
• Were the outcome decisions appropriate and based on the evidence available?	YES / NO
• Were all ARCP decisions based on RCEM checklist requirements ONLY . If no, please document local variation below.	YES / NO
• Were mitigating circumstances, if known at the time of the decision, considered?	YES / NO
• Was consideration made to involvement of alternative sources of advice if decision making was unclear or high stakes e.g. HOS, Associate Dean	YES / NO / N/A

3. Quality of evidence Was the evidence provided by the trainee and educational supervisor of a sufficient standard to make an informed decision with:	
• The trainee making appropriate use of their portfolio to record progress: <ul style="list-style-type: none"> ○ Maintaining an up to date logbook or other agreed record of experience? ○ Maintaining an up-to-date PDP and recorded reflection where appropriate? ○ Using appropriate evidence (e.g. ESLEs, reflection, logbook evidence etc.) to link competences? 	YES / NO
• Are Educational Supervisor providing a sufficiently detailed report which reflects accurately the training progress?	YES / NO
• Are the supervisors providing quality feedback (WPBAs, appraisals) to trainees?	YES / NO
• Is there a process in place to give feedback to the supervisor on their reports?	YES / NO
• Is there a process in place to give feedback to the supervisor about the ESLEs, WPBA they have completed?	YES/NO

4. Curriculum delivery	
• Are there any gaps in experience? • If so, please details what are they and why in the Comments section below)	YES / NO
• Is there any difficulty in providing experience and training in practical procedures, paediatrics, minors, US etc.? (If so, please list what was affected and training locations in the Comments section below)	YES / NO
• Are Educational Supervisors engaging appropriately with training i.e. undertaking regular meetings and assessments as required?	YES / NO

<ul style="list-style-type: none"> Are clinical supervisors assisting sufficiently with curriculum delivery as evidenced by the provision of WPBAs/ESLEs/FGS? 	YES / NO
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5. Equality and Diversity	
<ul style="list-style-type: none"> Did you notice any signs of systematic bias at any point in the process? (e.g. personal remarks that suggest anything prejudicial about candidates) If yes, please comment below on details and what action was taken. 	YES / NO
<ul style="list-style-type: none"> Were the decisions made based only on the evidence presented in the trainees' e-portfolio? 	YES / NO
<ul style="list-style-type: none"> Was consideration made to differential attainment when relevant (difference in attainment in ARCP/exam results in IMG and UK BAME trainees) 	YES / NO / N/A

6. HEE/Deanery support	
<ul style="list-style-type: none"> Has there been adequate admin support for this process? I.e. portfolio access in advance, support on the day, support and information for external advisor 	YES / NO

7. Summary	
<ul style="list-style-type: none"> Overall, taking account of all the above areas, how would you rate the ARCP process you observed at this Deanery / LETB? (please circle) <p>Outstanding / Good / Borderline / Unacceptable</p>	

Comments
<p>General Comments:</p>
Good practice

Areas for Improvement			
Please detail below any recommendations and the timescale for these to be implemented			
Name:			Date:
Signature:			
Deanery:			
RCEM/School role:			

Please complete electronically and email the completed form to RCEM within two weeks of the panel sitting. Copies should be sent to:

			date complete
Head of School for region	<i>details if completed</i>		
TSC Quality Lead	Tamsin Dunn	Tamsin.Dunn@hee.nhs.uk	
TSC Training Manager	Lee Sullivan	Lee.Sullivan@rcem.ac.uk	

Appendix 2 External Advisor Visit report template



Royal College of Emergency Medicine

Hospital / School	
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LETB/Deanery	
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Date of Visit	
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Hospital / School description

Clinical training opportunities
<p><i>Strengths:</i></p> <p><i>Areas requiring attention:</i></p>

Service / training conflicts, educational development time and on call duties

Strengths:

Areas requiring attention

Educational course, academic and research opportunities

Strengths:

Areas requiring attention:

Emergency Department management

Strengths:

Areas requiring attention:

Clinical supervision

Strengths:

Areas requiring attention:

Trust / School support for the Specialty Tutor and Educational Supervisors

Strengths:

Areas requiring attention:

Educational organisation supporting training delivery

Strengths:

Areas requiring attention:

Educational supervision

Strengths:

Areas requiring attention:

Training audit and quality management by the School of Emergency Medicine

Strengths:

Areas requiring attention:

Trainee Support

Strengths:

Areas requiring attention:

Hospital / School relationship with LETB/Deanery

Strengths:

Areas requiring attention:

Hospital relationship with School of Emergency Medicine

Strengths:

Areas requiring attention:

Curriculum delivery

Strengths:

Areas requiring attention:

Good practice (Not identified in other areas)

Comments

Printed Name		Signature	
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RCEM / School Role		Region / LETB / Deanery	
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External Advisor Report for LETB / Deanery Hospital / School Quality Assurance Visit Form Completion Instructions

Please complete all relevant sections of the form and return to the RCEM within two weeks of the panel sitting.

Hospital description

- Either description of the hospital including:
 - Types of clinical services
 - Regional coverage including population
 - Numbers of trainees
- Or description of the school / training programmes including:
 - Number and type of training departments
 - Regional coverage including allocation of training placements
 - Numbers of trainees

Clinical training opportunities

- Types of training provided by the hospital / school for emergency medicine trainees
- Are the opportunities for training easy or difficult to provide?

Service / training conflicts and on call duties

- Are there conflicts between service / training and out of hours rotas?
- Does the conflict have a detrimental affect on the training?
- What plans are in place to reduce the detriment in training?
- Is appropriate time given for SPA/Educational development

Educational course, academic and research opportunities

- Are there additional training courses available for trainees?
- Are there opportunities to conduct research?
- Are there opportunities for academic pursuits?
- Are the opportunities easily obtainable by trainees?

Emergency Department management

- Does the management of the Emergency Department provide the necessary support for the training of EM physicians as defined by Promoting Excellence in EM training?
- Are there processes in place to deal with training problems?

Clinical supervision

- Is the clinical supervision adequate for trainees as defined by Promoting Excellence in EM training?
- Is the support given by clinical supervisors conducive to a good learning environment?
- Do the clinical trainers meet the standards defined by Promoting Excellence in EM training?

Trust support for the Specialty Tutor and Educational Supervisors

- Does the Trust provide adequate administrative and managerial support to College Tutors and Educational Supervisors?
- Are there processes in place to address problems in the training environment?

Educational organisation supporting training delivery

- Are the educational resources adequate for trainees and trainers?
- Are there additional facilities in addition to the minimum defined by Promoting Excellence in EM training?

Educational supervision

- Is there adequate educational supervision for trainees as defined by Promoting Excellence in EM training?

Training audit and quality assurance by School of Emergency Medicine

- Does the School of Emergency Medicine conduct an audit of training undertaken in the hospital?
- How often is the audit conducted?
- Are deficiencies in training identified in a timely manner?
- Are deficiencies corrected in a timely manner by the hospital?
- Does the School provide support to correct deficiencies?

Trainee Support

- Are there appropriate and effective processes in place to deal with trainees requiring support?
- Is the level of support provided appropriate?

Hospital / School relationship with LETB/Deanery

- What is the state of the relationship between the hospital / school and the Deanery?
- If there are problems, are they being addressed in a timely manner?
- Does the relationship have a negative effect on training?

Hospital relationship with School of Emergency Medicine

- What is the state of the relationship between the hospital and the School?
- If there are problems, are they being addressed in a timely manner?
- Does the relationship have a negative effect on training?

Curriculum delivery

- Is the curriculum being delivered in accordance with Promoting Excellence in EM training?
- If there are deficiencies, are they being addressed?

Good practice

- Items of good practice not identified in the other areas

Comments

- Any other information of relevance about the process which would be of interest to the Training Standards Committee

RCEM Guidance can be found in 'Promoting Excellence in EM Training July 2020'

<https://www.rcem.ac.uk/docs/Training/Promoting%20Excellence%20in%20Emergency%20Medicine%20Training.pdf>

Completed forms to be returned to:

Lee Sullivan
Training Manager
The Royal College of Emergency Medicine
7-9 Bream's Buildings
London EC4A 1DT

Email: lee.sullivan@rcem.ac.uk

Appendix 3 DoH letter for work benefitting health services (in support of professional leave for the role)



Friday 23rd June 2017

We are writing to every employer in the Health Service throughout the UK to urge you and your staff to be favourably disposed on requests from doctors applying for absence in order to undertake national work for the benefit of the public and health services across the UK. Of course a large number of Health Service organisations support these activities and we are keen to see that continue but if there is more encouragement you will believe that would bring significant benefit.

Government, statutory and executive agencies across the UK such as;

- The National Institute for Health and Care Excellence (NICE)
- the Committee on Human Medicines
- the General Medical Council (GMC)
- Research Funders
- System Regulators (such as the Care Quality Commission (CQC))
- professional organisations such as Medical Royal Colleges

We rely heavily on senior members of the profession, doctors and other clinicians, for their expertise and the variety of roles.

The part time work these people undertake alongside their clinical duties contributes a great deal to the safety of patient care, medical education and to the planning, delivery and independent assurance of the effectiveness of both local and regional health services.

We understand that in the current climate there is considerable pressure on local resources and that you will take account of that and ensure that contractual commitments are applied appropriately. However we regard such activity by your clinical staff as an investment in our Health Services and a reflection of the commitment of your organisation. The experience gained by these individuals should be of direct benefit to the work of your organisation. We would be grateful if you could bring this to the attention of the members of your Board.

If you have any comments or questions, please contact the UK, European and International Affairs team at apsr@amc-uk.org

Professor Terence Stephenson Chair General Medical Council	Sir Bruce Keogh National Medical Director NHS England	Professor Dame Sally C Davies Chief Medical Officer England	Dr Michael Chief Chief of North
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Appendix 4 JOB DESCRIPTION

ROYAL COLLEGE OF EMERGENCY MEDICINE

External Advisor Role

Accountable to: Quality Lead of Training Standards Committee, TSC, RCEM

Responsible to: Council through the TSC

Working with: Heads of School, Training Programme directors and local educational supervisors, TSC, Postgraduate Deans, Quality Lead TSC and RCEM Training Team.

DUTIES

- work in role of external advisor for RCEM to support Deaneries, HEE Regions and individual Trusts/Programmes across all 4 nations
- provide a report to both RCEM and local teams on Annual Review Competence Progression (ARCP) and training visits attended.
- To highlight both good practice and areas for improvement which will be collated in an annual report for RCEM
- To remain up to date with current RCEM externality recommendations
- To represent RCEM TSC at other relevant internal or external meetings held by the College

APPOINTMENT

- Eligibility: Current or previous Heads of School / Heads of Training for EM in a school structure or devolved Nation or TSC members and Training Programme Directors. Senior ARCP panellists whose appointment has been supported by their Head of School or Training are eligible for appointment
- They will be required to be a substantive consultant, up to date educational supervisor, have demonstrated high quality educational supervision and training of trainees and be experienced in ARCP panels
- Appointment is through self-nomination and interview by Quality Lead of TSC.

PLACE OF WORK

- Duties will be conducted in training regions or virtually depending on circumstance
- Updates delivered by Quality Lead for TSC virtually or face to face at the College as appropriate.

HOURS OF WORK

- It is estimated that this post will require 1-2 days per year for external advising.
- Applicant will need to be in date for equality and diversity, RCEM curriculum and the latest Gold Guide requirements
- Applicant will be expected to attend externality training induction before working in the role and afterwards a full update within every 3 years.
- Applicant will be expected to engage with annual review processes

Appendix 5: Glossary of terms

ACF	Academic Clinical Fellowships: are Specialty Training posts which allow you to spend 25% of your time in academic training as well as 75% in clinical training, and prepare you for an application for a training fellowship for a higher degree.
ARCP	Annual Review of Competence Progression: The process whereby trainees in specialty training have the evidence of their progress reviewed by an appropriately convened panel so that a judgement about their progress can be made and transmitted to the TPD, the trainee and the trainee's employer.
CCT	Certificate of Completion of Training: Awarded after successful completion of a specialty training programme, all of which has been prospectively approved by the GMC (or its predecessor body, the Postgraduate Medical Education and Training Board).
Clinical Supervisor	A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.
Competence	The possession of requisite or adequate ability; having acquired the knowledge and skills necessary to perform those tasks that reflect the

scope of professional practices. It may be different from performance, which denotes what someone is actually doing in a real life situation.

Curriculum

A statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organisation, processes and methods of teaching, learning, assessment, supervision and feedback. If appropriate, it will also stipulate the entry criteria and duration of the programme.

Deanery

The bodies in England, Northern Ireland, Scotland and Wales that the GMC has authorised to manage GMC-approved training programmes and the training posts within them. Postgraduate Deans are the responsible officers for trainees within the deanery training programmes.

Educational Supervisor

A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee's educational agreement.

ePortfolio

An electronic collection of evidence that showcases a trainee's knowledge, skills and behaviours as a learning journey over time.

GMC

General Medical Council: Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

HEE

Health Education England. The body in England that the GMC has authorised to manage GMC-approved training programmes and the training posts within them.

NTN

National Training Number: The number allocated by HEE, NES, the Wales Deanery or NIMDTA to

trainees in specialty training programmes that (subject to satisfactory progress) have an end point of the award of a CCT or CESR(CP)/CEGPR(CP).

Programme

A managed educational experience. As defined by the GMC, a programme is a formal alignment or rotation of posts that together comprise a programme of training in a given specialty or sub-specialty. The GMC approves programmes of training in all specialties, including general practice. The programmes are managed by a TPD or their equivalent. A programme is not a personal programme undertaken by a particular trainee.

TSC

Training Standards Committee: The name used for the committee that advises RCEM on training issues and that sets the specialty specific standards in the context of the generic standards of training set by the GMC

Specialty training

The designation of training after completion of the foundation programme, applying to trainees who have entered this training from August 2007 to undertake a specialty training programme approved initially by the Postgraduate Medical Education and Training Board and, from April 2010, by the GMC.

TPD

Training Programme Director: The GMC requires that training programmes are led by TPDs (or their equivalent). TPDs have responsibility for managing specialty training programmes.

ARCP Outcomes

Outcome Type	Description
N	Trainee is not awarded an outcome as absence on statutory leave (sick, maternal, paternity) or training has been paused. Full list of options can be found in Gold Guide Appendix 3
1	Satisfactory Progress. Achieving progress and the development of capabilities at the expected rate.
2	Development of specific capabilities required – additional training time not required
3	Insufficient Progress – additional training time required.
4	Released from training programme – with or without specified capabilities
5	Incomplete evidence presented – an assessment of progression cannot be made
6	Gained all required capabilities – will be recommended as having completed the training programme (core or specialty) and if in run through or higher specialty training programme will be recommended for the award of a CCT
7.1	Satisfactory progress in or completion of LAT/FTSTA post
7.2	Development of specific capabilities required – additional training time not required
7.3	Inadequate progress by the trainee – LAT/FTSTA placement.
7.4	Incomplete evidence presented – LAT/FTSTA placement.
8	OOPE / OOPR / OOPC - not specified

	OOPT / prospective approved OOPR that will contribute to the capabilities of the trainees programme should be assessed using routine ARCP outcomes 1, 2, 3, 4 or 5,
10	No fault outcomes to enable progression when training is disrupted. Can only be used following a directive from UK statutory education bodies in circumstances of 'force majeure'.

ARCP Practice Tips

Minimum Evidence to be Considered:

- CCT date and any adjustments – TOOT, OOP, LTFT
- Previous ARCP decision
- Educational Supervisors Report (ESR)
- Faculty of Educational Governance Statement (FEGS)
- Up to date Form R or SOAR
- Mandatory achievements as per RCEM checklist
- Mitigating circumstances – COVID etc

Requiring Improvement

- Chasing trainees to submit evidence
- Discussion with ES on the panel
- Inconsistent decision making
- ARCP outcome decision made in the presence of the trainee
- Using information not on e-portfolio or BIAS

Good Practice

- Chair checks
 - EDI, ARCP training by panel
 - Conflict interest by panel
- Same evidence reviewed each time by the panel (new curriculum panel checklist)
- Consistent decision making (new curriculum decision aid)
- Only using RCEM checklists not local version
- Developmental feedback with objectives and timescales for non-standard outcomes and meeting to discuss ASAP
- Plan for TPD to meet with each trainee per year

For OC3/4

- Involvement of Associate Dean for all
- Has the panel looked holistically at the trainee?
 - SMART objectives and clear time extension
 - Mitigating factors or areas that need exploring i.e. organisation, dyslexia
 - Are any courses useful – HEE, EM Leaders modules
 - Has trainee all the support they need - PSW, exam support, OH
- Is feedback planned with trainee asap

For Excelling trainees

- Often more difficult for ES to suggest value added
 - Special interest development i.e. SIM, tox, education
 - EM Leaders modules
 - Regional leadership, EMTA
 - Mentoring, ES development if ST6
 - Chief registrar posts