

Otolaryngology: Summation of Portfolio at end of P2 training

Higher Surgical Training Year 4 (ST6), Completion of P2, Summation of portfolio for the 2021 Curriculum. <https://www.iscp.ac.uk/media/1106/otolaryngology-curriculum-aug-2021-approved-oct-20.pdf>

Introduction

This is to be used as a guide by trainees as an aide memoir to assimilate the evidence to support their training progression. It can be used by the TPD and SAC LM to ensure that trainees at the end of P2 (ST6) 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. Where the trainee is not *on track* an action plan should be agreed at the ARCP. Agreement to sit the exit examination requires an ARCP 1 at end of P2 training.

Evidence should be available within ISCP and the eLogbook to inform this checklist. Please also refer to the General Professional Capabilities Framework (GPC) for the Generic Competencies. https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--2109_pdf-70417127.pdf

Generic Requirements:

The 2021 surgical curriculum defines transferrable generic capabilities for all surgeons commensurate with them becoming safe, competent clinicians. There should be evidence in the trainee's portfolio of capability appropriate the end of P2 and is on track for the end of P3. Specifically, there should be evidence that the trainee has developed skills at the required rate in the following areas:

1. **Research:** The trainee should be able to demonstrate that they have met a number of speciality- specific certification requirements for research laid down in the curriculum and in **GPC Domain 9**. They should be able to demonstrate the following competencies:
 - a) The demonstration of evidence-based practice,
 - b) Understanding how to critically appraise the literature and conduct a literature search and review
 - c) Understanding and applying basic research principles
 - d) Understanding the basic principles of research governance and how to apply relevant ethical guidelines.
 - e) For guidance on what evidence can support each competency please refer to *Evidence: Portfolio, publications, GCP, AES and MCR, Reflection*

2. **Quality Improvement.** The trainee should show engagement in Audit and QIP, must reflect on SUI and RCA's. **Refer to GPC Domain 6**
Evidence: Portfolio, Audits, AES and MCR, Reflection

3. Education and Training: The trainee should be able to demonstrate involvement in and effectiveness in teaching and training. **Refer to GPC Domain 8**

Evidence: Portfolio, AES and MCR, Reflection

4. Management and Leadership: The trainee should demonstrate involvement in management related activity **Refer to GPC Domain 5**

Evidence: Portfolio, AES and MCR, Reflection, MSF

Standards for clinical and technical skills

Please check that the trainee is on track to have achieved capability in operative procedures as set out in the curriculum. Please be aware of the defined capability levels required for completion P2 (ST6). The specified numbers for index cases are a bare minimum. As well as numbers performed, trainees need to demonstrate capability to the standards of the technical skills are set out in the curriculum, so evidence for progression to competence should be available in the portfolio. The trainee must have achieved level 3 in all CIP's at the end of P2.

Evidence: eLogbook, PBAs for Index cases, MCR, AES reports.

Standards for depth of knowledge

There should be evidence that the trainee has reached the capability required for end of P2. That they have had exposure to all the topics of the curriculum and have capability at level 4 (knows specifically and broadly) for knowledge and clinical skills, unless otherwise stated in the curriculum. Level of knowledge should be at the level of the Intercollegiate examination. The trainee must be on track to achieve level 4 for all Critical conditions by certification

Evidence: Portfolio on ISCP, AES reports, MCR, eLogbook, CBD & CEX for critical conditions

Summary

A judgement should be made as to whether the trainee is on track for attaining certification competences. ST6 is an opportune time to cheque this prior to setting sitting the examination, this should be an ongoing process throughout training.

Trainees will need to declare an area of special interest at this time

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Trainee name:

Date:

Deanery/LETB/Programme:

NTN:

Planned area of Special Interest:

1. **Generic requirements:** Descriptors given are for requirements at certification. Use in conjunction with portfolio, MCR and GPC framework

The trainee is on track in:	Evidence	Yes	No
<p>Research</p> <ul style="list-style-type: none"> • use of evidence-based practice • understanding of critical appraisal of the literature, and is able to conduct a literature research and review • Can demonstrate understanding of basic research principles • Understands the principles of research governance and the application of relevant ethical guidelines to research activity <p><i>Examples of evidence are GCP, involvement in literature and systematic review with publication of novel findings in peer review journals, multicentre trails, journal clubs</i></p> <p>Please use content of GPC domain 9 to direct evidence.</p>			
<p>Quality Improvement</p> <p>Evidence of undertaking or supervising three audit or service improvement projects One of which is a complete cycle</p> <p>Please use content of GPC domain 6 to direct evidence</p>			
<p>Education and Training</p> <p>Evidence of involvement in education and training</p>			

<p><i>Evidence should include written structured feedback within the portfolio</i></p> <p>Please use content of GPC domain 8 to direct evidence</p>			
<p>Management and Leadership</p> <p>Evidence of ongoing engagement in management related activity</p> <p><i>Examples of evidence are rota administration, trainee representative, membership of working party or evidence of having shadowed a management role within the Trust</i></p> <p>Please use content of GPC domain 5 to direct evidence</p>			

CIP's	Yes	No
The trainee achieved level III (Able to be trust and act with indirect supervision) in all the CIP's		
Evidence from MCR		
Manages an outpatient clinic		
Manages the unselected emergency take		
Manages the ward round and the on-going care of in-patients		
Manages an operating list		
Manages multidisciplinary working		

2. Speciality specific

	Yes	No
Courses		
ATLS or equivalent in date at CCT		
Specialist conferences		
<i>Evidence of attendance at national or international meetings</i>		

3. Clinical Experience Evidence from MCR, AES reports, eLogbook,

Has the trainee achieved knowledge and clinical skills been exposed to all the areas of interest across the curriculum	Evidence	Yes	No
Otology			
Rhinology			
Head and Neck			
Thyroid and Parathyroid			
Laryngology			
Paediatric laryngology			
General otolaryngology			

4. Operative experience

Evidence: MCR, eLogbook, PBA's mandatory for Index procedures, should document progression, must be P,T,S-TS, S-TU (for FESS P,T, S-TU) Minimum of 10 Cases

INDEX PROCEDURES	PBA Level at end P2 (ST6)	PBA Level for Certification	Number to date	Yes	No
Is the trainee on track for undertaking an indicative 2000 operations by CCT as principle or main assisting surgeon?					
Mastoid operations					
Cortical	4	4			
Others	3	3			
Major neck operations					
Selective Neck Dissection	2	4			
Superficial Parotidectomy	4	4			
Hemithyroidectomy	2	2			
Laryngectomy		2			
Tracheostomies as main surgeon	4	4			
Removal of foreign bodies from airway (includes nasal foreign bodies and fish bones)	4	4			
Paediatric endoscopies (including flexible)	4	4			
FESS					
Anterior ethmoidectomy	4	4			
Posterior ethmoidectomy	2	3			
Septorhinoplasties	3	4			

5. Critical Conditions: Is the trainee on track for Certification?

Evidence MCR, CEX/CBD mandatory for these conditions should show progression and be at Level 4 at Certification

CRITICAL CONDITIONS	CEX/CBD Level attained	Yes	No
Adult airway obstruction			
Paediatric airway obstruction			
UADT foreign bodies and chemical injury			
Acute infection of UADT			
Deep neck space abscess and necrotising fasciitis			
Management of tonsillar haemorrhage and other major UADT haemorrhage			
Blunt and penetrating trauma to the neck			
Epistaxis including SPA ligation			
Complications of acute and chronic sinusitis including orbital cellulitis			
Complications of ear sepsis including acute mastoiditis and necrotising otitis externa			
Acute balance disorder including vestibulopathy and diagnostic understanding of brain stem stroke and multiple sclerosis			
Sudden onset sensorineural hearing loss			