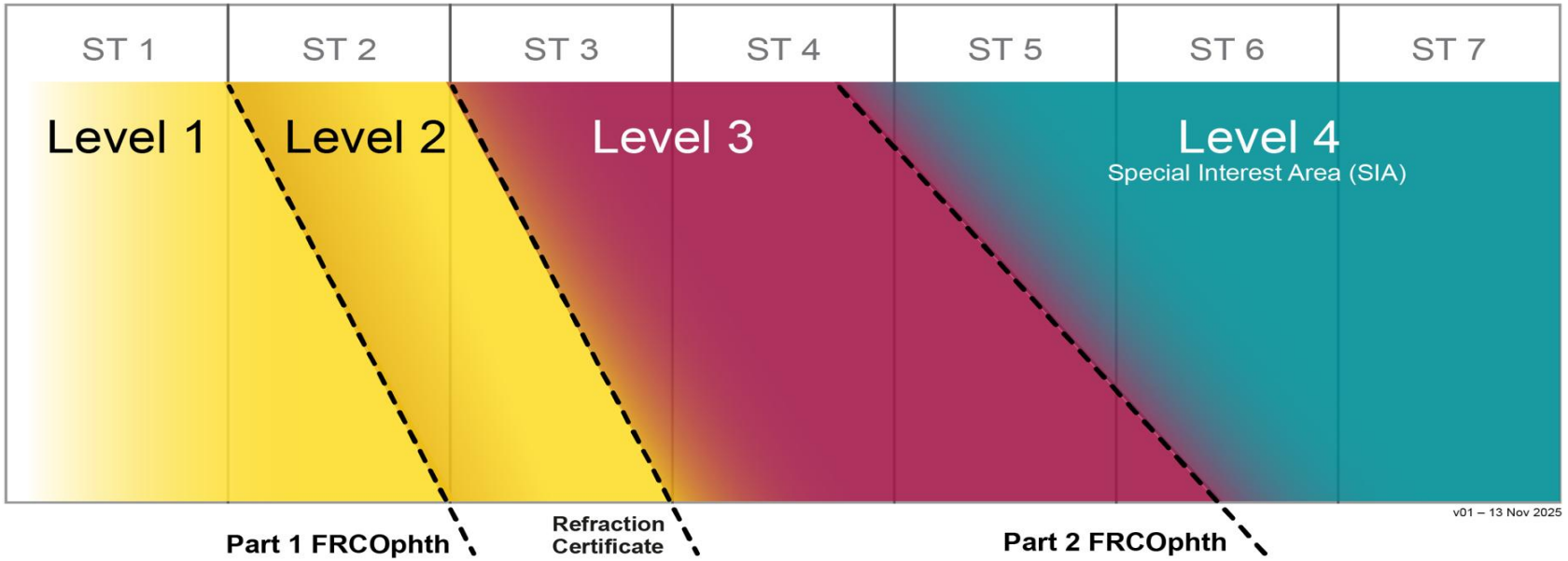
ARCP Matrix of Progression



Requirements	***Expected minimum***						
ESR	2	2	2	2	2	2	2
EPA	2	2	2[a]	2[a]	2[a]	2[b]	2[b]
GSAT	2	2	2	2	2	2	2
MAR	1	1	1	1	1	1	1
CRS/OSATS/ DOPS/DOPSBi	*As per EPA*	*As per EPA*	*As per EPA(s)*	*As per EPA(s)*	*As per EPA(s)*	*As per EPA(s)*	*As per EPA(s)*
Other	*As per EPA*	*As per EPA*	*As per EPA(s)*	*As per EPA(s)*	*As per EPA(s)*	*As per EPA(s)*	*As per EPA(s)*

EPA Level 4 Operating List	*When undertaking surgical SIAs: CS, COS, G, OM, OO, PO, VR*			2 (cumulative)			
MSF *every 12 months*	1	1	1	1	1	1	1
Mandatory course	Intro to Phaco						
Surgical logbook	√	√	√	√[c]	√[c]	√[c]	√[c]
Cataract Complications Audit	√	√	√	√	√[d]	√[d]	√[d]
Surgical Outcomes Audit				→	√[e]	√[e]	√[e]
PDP	√	√	√	√	√	√	√
Form R/SOAR declaration	√	√	√	√	√	√	√
Evidence of reflective practice	√	√	√	√	√	√	√

Footnotes

a. Level 3 – at least one every six months, sign-off in all 12 SIAs.
b. Level 4 – at least one every six months, sign-off in 2 chosen SIAs.
c. When commencing Level 4 CS, MR, NO, supervision of juniors to Level 3 must be recorded.
d. Where Level 4 CS is undertaken.
e. Where surgically-based Level 4 is undertaken – OO, COS, CS, G, VR, OM, PO.

Guidance on Levels

1. The Curriculum Handbook lists essential requirements per level – Level 1, Level 2, Level 3, Level 4 .
2. A national process regulates acceleration. Completion of Level 4 SIA training will not automatically result in an early exit from the programme, which must be agreed with the Postgraduate Dean (or nominated deputy) ahead of time.
3. Advancing from one Level to the next is dependent upon showing competence in all Learning Outcomes in all Domains in the current Level. Level advancement is separate from the ARCP process and cannot prevent ST progression if a favourable ARCP outcome has been awarded.
4. ESRs are used by Educational Supervisors to make Level recommendations. Advancement between levels 1 & 2, and 2 & 3 must be ratified by ARCP panels before the Level can be changed in the ePortfolio.
5. For most residents, the transition from Level 3 to Level 4 will be considered at the mid-way point in ST6, although it could take place at the end of the ST5 year – or earlier in a few cases – if Level 3 requirements have been met by the time of that ARCP. For all others, the ARCP at the end of the ST5 year should be used to confirm that the resident is on track to meet the criteria for Level 4 advancement by the time of an educational evaluation six months later. There is no right of appeal from the decision of the evaluation team.
6. ePortfolio evidence can be tagged, ahead of time, to Learning Outcomes and EPAs/GSATs pertaining to higher Levels. EPAs and GSATs may be initiated at any point for a higher Level. Evidence must be appropriate for the Level of training.
7. Outcome 3 (extension of training) will be used where competence has not been achieved in the maximum time for that Level.

Glossary

Cataract Surgery	CS	Neuro-ophthalmology	NO
Case-based Discussion	CbD	Ocular Motility	OM
Cornea and Ocular Surface Disease	COS	Oculoplastics and Orbit	OO
Clinical Rating Scale	CRS	Objective Structured Assessment of Technical Skills	OSATS
Direct Observation of Procedural Skills	DOPS	Personal Development Plan	PDP
Entrustable Professional Activity	EPA	Special Interest Area	SIA
Educational Supervisors Report	ESR	Uveitis	U
Glaucoma	G	Vitreoretinal Surgery	VR
Generic Skills Assessment Tool	GSAT	Paediatric Ophthalmology	PO
Multi-Assessor Report	MAR	Urgent Eye Care	UEC
Medical Retina	MR	Community Ophthalmology	CO