Dashboard

Your dashboard displays Alerts / Notices / Warnings – click the hyperlinks. These do not disappear until you have taken the action.

Messages

My ePortfolio

1.1.1 Placements	1.1.2 Exams Results

My Learning Outcomes

1.1.3 eLogbook	1.1.4 Trainer Report (TR)	1.1.5 The Electronic MSF System	1.1.6 Learning Agreement (LA)

My Annual Review of Competence Progression (ARCP) And Allocation

1.1.7 Annual Review of Competence Progression (ARCP)	1.1.8 My New Residency Year Allocation	1.1.9 Swapping Reallocation Bilateral Agreement	1.1.10 Reallocation For Training Needs Within the Center

My Reflective Practice

1.1.11	1.1.12	1.1.13
Trainer Report (trainee self-assessment)	Multi-Source Feedback (trainee self-assessment)	Written Reflective CBDs

My Formal Teaching and Quality Improvement Projects

1.1.14	1.1.15	1.1.16
Mandatory courses Attendance	Other Courses and Events Attendance	Formal presentations

1.1.17	1.1.18	1.1.19
Observation of Teaching (OoT)	Assessment of Audit (AoA)	Course Assessment Feedback

My Thesis

1.1.20	1.1.21	1.1.22	1.1.23
Thesis Proposal	Thesis Supervision Meetings	Trainee's Thesis Details	Publications

My Administrative Forms

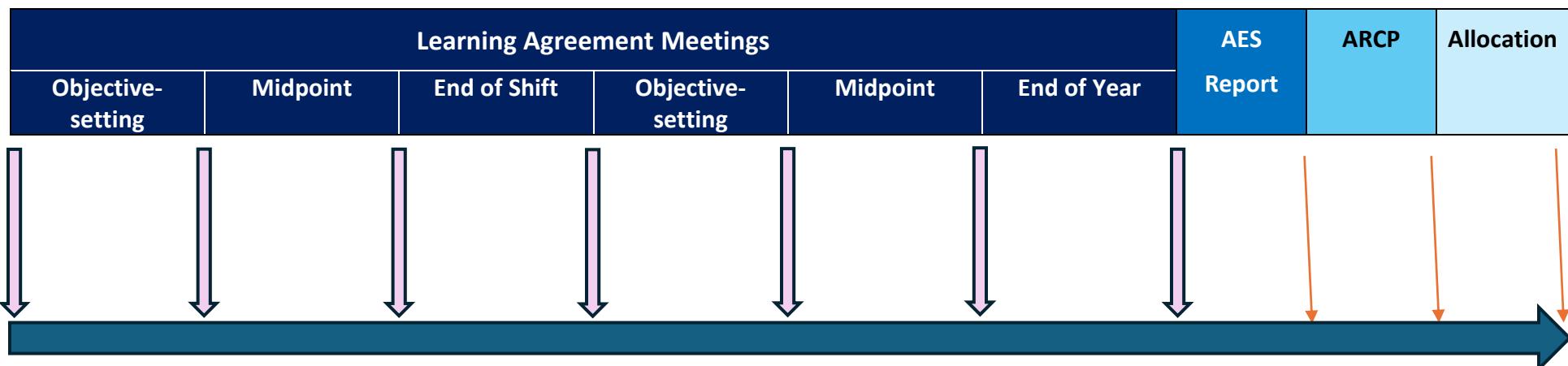| 1.1.24	1.1.25	1.1.26	1.1.27
Attendance Record	Leave Request	Request for Out-of-Program and Training Resumption	Hospital Workload

1.1.28 Hospital General Physical Resources	1.1.29 Hospital Specialty-Specific Physical Resources	1.1.30 Hospital-Based Training Evaluation Form (TEF)	1.1.31 Hospitals Priority List
1.1.32 Disciplinary Action Form		1.1.33 Application For Training Abroad	

Select shift number to access previous ePortfolio (read-only view)

2	^
	v

My Recidency Year Progression

Learning Agreement Meetings						AES Report	ARCP	Allocation
Objective-setting	Midpoint	End of Shift	Objective-setting	Midpoint	End of Year			

1.1.1 Placements

Placements

Form 1.1.1

Shift No.	Start Date	Finish Date	إسم المدرب	المستشفى
CST1				
1st placement				
2nd placement				
3rd placement				
4th placement				
5th placement				
CST2				
1st Shift				
2nd Shift				
SST				
1st Shift				
2nd Shift				
3rd Shift				
4th Shift				
5th Shift				

6th Shift			
7th Shift			
8th Shift			
Shift No	**Repeated Shifts**		

Out of Program (OOP) Shifts			
Shift No	**Start Date**	**Finish Date**	**Reason**
OOP ≥ 2 years will be dismissed from training, and can be re-enrolled in training at CST1 if part 1 is valid			

1.1.2 Exams Results

Examinations Results

Form 1.1.2

Automated Form

SMSB No.				إسم النائب
Exam	**Marks Achieved**	**Pass Mark**	**Date Obtained**	**Number of Attempts**
MD Part 1				
MD Part 2				
MD Part 3				

1.1.3 eLogbook

ST1, 2 & 3 - GS eLogbook

Phase 2 (ST 1,2, and 3) eLogbook Modules:

- ➤ **Critical Conditions (Phase 2: Mandatory Modules):**
    - ○ **1.1.3.1. Critical Conditions Details Sheet**
    - ○ **1.1.3.2. Critical Conditions logbook**
- ➤ **Operative logbook (of Phase 2: Mandatory Modules):**
    - ○ **1.1.3.3. Operative Procedure Details Sheet**
    - ○ **1.1.3.4. Operative logbook**

Click on any **competence level achieved** to read the completed CEX or CBD Form

1.1.3.1. Critical Condition Details Sheet
(separate sheet for each critical condition)
➤ **Entries into your logbook will be through this details sheet:** **When the Trainer click "Save" the entries will appear alongside the condition in your logbook**

Critical condition name	

Trainer can download a new **(CEX or CBD Form)** from this drop box	**Select CEX or CBD**

No. of Forms used	Tick Form used		Date	Phase 2						Phase 3	
				ST1		ST2		ST3		ST4	
	CEX	CBD		Shift 3	Shift 4	Shift 5	Shift 6	Shift 7	Shift 8	Shift 9	Shift 10
				Level	Level	Level	Level	Level	Level	Level	Level
1											
2											
3											
				Date Level 3 competency achieved						Date Level 4 competency achieved	
Date target competency reached											
When a target level is reached, the date will appear next to the critical condition in the logbook, and the date box will turn green											

Click save after each entry (the form used, the last level achieved, and shift No. will then be recorded in the logbook) **Save**

Click on the **Critical Condition** to access its **Details Sheet**

	1.1.3.2. Phase 2: Critical Conditions					
	Critical Condition **(Mandatory WBAs)**	**Phase 2 Progression**				**Date level 3 achieved** **(The box will turn green)**
		Tick Form used		**Last level achieved**		
		CEX	**CBD**	**Level**	**Shift No.**	
	GENERAL SURGERY					
1	**Assessment of the acute abdomen** Include differential diagnosis, operative and conservative treatment in the discussion					
2	**Strangulated / obstructed hernia**					
3	**Intestinal ischaemia**					
4	**Intestinal obstruction** Include small and large bowel obstruction in the discussion					
5	**Post-operative haemorrhage** Include different operative sites (e.g. neck surgery) in the discussion					
6	**Acute gastrointestinal haemorrhage** Include both upper and lower GI bleeding in the discussion					
7	**Blunt / penetrating abdominal injury** Include physiological response and management of blunt and penetrating injury in the discussion					
8	**Necrotising fasciitis** Include other severe soft tissue infections in the discussion (e.g. diabetic foot infection)					
9	**Sepsis** Include recognition and management in the discussion					

10	**Anastomotic leak** Include large bowel and small bowel anastomotic leak				

UPPER GI	

11	**Biliary sepsis** Include all causes and their management in the discussion				
12	**Acute pancreatitis**				
13	**Oesophageal perforation**				
14	**Upper GI anastomotic leak**				

CLORECTAL	

15	**Acute colitis / toxic megacolon**				
16	**Faecal peritonitis**				

VASCULAR	

17	**Ruptured AAA**				
18	**Acute limb ischaemia**				
19	**Compartment syndrome**				

Summary (for Learning Agreement, ARCP & end of phase 2 CPP)

Total level 3 critical conditions			
The % of level 3 critical conditions achieved			
100 % (all the critical conditions) – date box changes to green	**Proceed to phase 3**	**Date**	
< 100 % - an area of concern for remedial action - date box change to red	**Repeat the shift**	**Date**	
100 % achieved in the repeated shift – date box change to green	**Proceed to phase 3**	**Date**	

Form 1.1.3.3

1.1.3.3. Operative Procedure Details Sheet

(separate sheet for each procedure)

Section 1: Cumulative number Should be completed for every procedure **(index and non-index procedures)**

Section 2: PBAs Should only be completed for the index procedures.

(Entries into your logbook will be through this details sheet)

When the Trainer click "Save" the entries will be displayed alongside the procedure in your logbook

Procedure Name		Index procedure	Yes		No	
Target supervision or PBA competency level at end of each phase		Phase 2		Phase 3		

Trainer can download a new (PBA Form) from this drop box and select the require index procedure PBA	Select index procedure

Section 1: Cumulative number of cases (Tick the supervision level)

For Non-index Procedures: Assisted cases included (A + S-TS + S-TU + P + T)

For Index Procedures: Assisted cases excluded (S-TS + S-TU + P + T)

Total No. of cases	Date	Phase 2												Phase 3			
		ST1 1st & 2nd Shifts				ST2 3rd & 4th Shifts				ST3 5th & 6th Shifts				SIT 7th & 8th Shifts			
		A (1)	S-TS (2)	S-TU (3)	P or T (4)	A (1)	S-TS (2)	S-TU (3)	P or T (4)	A (1)	S-TS (2)	S-TU (3)	P or T (4)	A (1)	S-TS (2)	S-TU (3)	P or T (4)
1																	
2																	
Total of each level																	

CUMULATIVE Non-index Proc. (Include Assisted)				
CUMULATIVE Index Procedure (Exclude Assisted)				

Date	Phase 2						Phase 3	
	ST1		ST2		ST3		SIT	
	Shift 1	Shift 2	Shift 3	Shift 4	Shift 5	Shift 6	Shift 7	Shift 8
	PBA level 2 to 4		PBA level 2 to 4		PBA level 2 to 4		PBA level 2 to 4	

Dates of 3 PBAs completed to the level shown at end of **phase 2 & 3**.

Phase 2			Phase 3		
1st PBA	2nd PBA	3rd PBA	1st PBA	2nd PBA	3rd PBA

- ➤ Every PBA completed to the level shown at end of phase 2 & 3 will be added in the "3 PBAs" box in the logbook
- ➤ The "3 PBAs" box color will change to green When the target 3 PBAs are completed.

"Save" after each entry (the total of each level, <u>last level achieved</u>, and cumulative No. will be displayed in the logbook)   **Save**

Click on the **procedure** to access its **Details Sheet** and click on the **recorded number** of the **PBA** to read the **completed Forms**

Total Index proc.		INDEX PROCEDURES	Phase 2 Progression							Minimum Phase 2 Targets		
			Total of each level				Cum. No.	Last PBA level (2-4)		"3 PBAs" box change green if achieved		
			A	S-TS	S-TU	P or T		level	Shift No.	PBA level	Indic No.	3 PBAs
MODULE 1: ELECTIVE GENERAL SURGERY												
1	1	**Inguinal hernia** (adult and paediatric)								4	50	
2	2	**Repair primary abdominal wall hernias** (adult and paediatric)								4	—	
3	3	**Repair of incisional or recurrent hernias**								4	—	
MODULE 2: EMERGENCY GENERAL SURGERY												
4	4	**Appendicectomy - open and laparoscopic** (adult, and paediatric)								4	60	
5	5	**Emergency laparotomy**								3	45	
6	6	**Cholecystectomy – lap / open** (emergency and elective)								3	40	
7	7	**Partial gastrectomy** (emergency and elective)								3	—	
8	8	**Segmental colectomy** (emergency and elective)								3	15	
9	9	**Hartmann's procedure** (emergency and elective)								3	—	
MODULE 4: COLORECTAL (General)												

10	10	**Haemorrhoidectomy - operative treatments**								**4**	**35**	
11	11	**Fistula-in-ano** (including lay open, placement and choice of seton)								**3**	**10**	
12	12	**Rectum - high anterior resection**								**3**	**15**	

Progression summary (for learning agreement, ARCP & end of phase 2 CPP)

Total number of the performed index procedures		
Total number of index procedures with 3 PBAs completed to the target level shown		
The % of the index procedures with 3 completed PBAs		
100 % (all the index procedures) – date box changes to green	**Proceed to phase 3**	**Date**
< 100 % - an area of concern for remedial action - date box change to red	**Repeat the shift**	**Date**
100 % achieved in the repeated shift – date box change to green	**Proceed to phase 3**	**Date**

Total non-index Proc.	NON - INDEX PROCEDURES	Phase 2 Progression						Minimum Phase 2 Target Levels
		Total of each level				Cumuli No.	Last sup. level (1-4)	Box change green if sup. level achieved
		A (1)	S-TS (2)	S-TU (3)	P or T (4)			
MODULE 1: ELECTIVE GENERAL SURGERY								
1	1	Punch biopsy							4
2	2	Excision of skin and subcutaneous lesions							4
3	3	Evacuation of haematoma							4
4	4	Biopsy - FNA Breast, neck, subcutaneous							4
5	5	Lymph node biopsy-groin, axilla and abdomen							4
6	6	Cervical lymph node biopsy							4

7	7	Insertion of nasogastric tube and confirmation of position							4

<table>

MODULE 2: EMERGENCY GENERAL SURGERY									
8	1	Drainage of superficial sepsis							4
9	2	Radical excisional surgery of gas gangrene and necrotizing infections							3
10	3	Aspiration of breast abscess							4
11	4	Open drainage of breast abscess and/or debridement of soft tissue necrosis							4
12	5	Removal of infected breast implant							4
13	6	Repair any obstructed or strangulated abdominal hernia, including bowel resection							3
14	7	Operation for testicular torsion, adult and paediatric							4
15	8	Laparotomy / laparoscopy and damage limitation surgery							3
16	9	Salvage surgery e.g. packing							3
17	10	Wash out by laparoscopy/laparotomy							3
18	11	Laparotomy and division of adhesions							3
19	12	Small bowel resection							3
20	13	Gastrotomy + non-resectional treatment - histology							3
21	14	Operative management of perforated viscus including primary closure, resection, and stoma formation							4
22	15	Formation of stoma							3
23	16	Re-laparotomy for post-operative complication including damage control, bleeding, and anastomotic leak							2
24	17	Indications for and techniques for laparostomy / open abdomen							2

25	18	Formation of feeding enterostomy (open / lap)							2
26	19	Colon-primary repair							3
27	20	Cholecystostomy							3
28	21	EUA, rigid sigmoidoscopy, drain perianal haematoma							4
29	22	Insertion of flatus tube							4
30	23	Chest drain insertion							4
31	24	Operative management of visceral injury including splenic conservation, bowel resection, debridement and formation of stoma were indicated							3
32	25	Splenectomy							3
33	26	Crycothyroidotomy							3
34	27	Wound debridement and lavage							3
35	28	Fasciotomy – Lower leg							2
36	29	Application of dressings including Topical Negative Pressure Dressings							3
37	30	Vascular control with compression							4
MODULE 3: UPPER GI (General)									
38	1	Laparoscopy treatment of achalasia							3
39	2	Laparoscopic access in the morbidly obese							2
40	3	Aspiration of lap band port							2
41	4	General Surgery for the super morbidly obese patient							3
42	5	Gastrotomy + non-resectional treatment - histology							4
43	6	Gastroenterostomy							4

44	7	Exploration CBD							2
45	8	Salvage liver surgery e.g. packing							3

MODULE 4: COLORECTAL (General)

46	1	Pilonidal sinus-lay open							4
47	2	Pilonidal sinus-excision + suture							4
48	3	Pilonidal sinus-graft or flap							2
49	4	Haemorrhoids - Outpatient treatment							4
50	5	Lateral sphincterotomy							4
51	6	Anal skin tags/warts-excision							4
52	7	Sigmoidoscopy-rigid							4
53	8	Hartmann's reversal							3
54	9	Colectomy-total+ileostomy							3
55	10	Colectomy-total+ileorectal anastomosis							3
56	11	Rectum-panproctocolectomy+ileostomy							2
57	12	Ileoanal anastomosis+creation of pouch							2
58	13	Crohn's-ileocaecectomy							2
59	14	Strictureplasty-Crohn's							1
60	15	En-bloc resections of adjacent organs							3
61	16	Extended resections to include total abdominal colectomy							3
62	17	Per anal excision of rectal lesion							1
63	18	Rectum - low anterior resection +/- coloanal anastomosis							1
64	19	Rectum - AP excision (including ELAPE)							1
65	20	Anal tumour - local excision							1

66	21	Anal tumour - AP excision							1
67	22	Prolapse-perineal repair							1
68	23	Intestinal fistula operation							1
69	24	Ileostomy-construction							4
70	25	Colostomy-construction							4
71	26	Ileostomy-closure							4
72	27	Colostomy-closure							4
73	28	Colostomy-revision							3
74	29	Ileostomy-revision							3
MODULE 5: VASCULAR									
75	1	Exposure and control of major peripheral arteries							4
76	2	Basic techniques for repair of major peripheral arteries							3
77	3	Shunting							3
MODULE 6: GENERAL SURGERY OF CHILDHOOD									
78	1	Pyloromyotomy							3
79	2	Manual evacuation							4
80	3	Orchidopexy							4
81	4	Circumcision							4
82	5	Hydrocele operation							4
83	6	Suprapubic catheter insertion							4
84	7	Lymph node biopsy							4
85	8	Abscess drainage							4
86	9	Ingrowing toenail operation							4

		MODULE 7: REMOTE AND RURAL							
87	1	Craniotomy for supratentorial extradural haematoma							1
88	2	Closed manipulation of nasal bones and septum							1
89	3	Emergency LSCS							1
90	4	Manual removal of retained placenta							1
91	5	Exploration of genital tract, cervical laceration repair							1
92	6	EUA, repair perineal trauma							1
93	7	Evacuation of retained products of conception							1
94	8	Laparoscopic and open salpingectomy for ectopic pregnancy							1
95	9	Diagnostic laparoscopy							2
96	10	Laparoscopy and open oophorectomy for torsion							1
97	11	Nasal cautery							2
98	12	EUA nose							2
99	13	Appropriate nasal packing in a child							2
100	14	Endotracheal intubation							3
101	15	Suturing of pinna							2
102	16	Manipulation under anaesthetic of appropriate fracture							2
103	17	Reduction of dislocations dependent on site							2
104	18	Trigger finger release							2
105	19	Aspiration / injection knee joint							2

106	20	Endoscopic fragmentation of bladder calculi								1
107	21	Open removal bladder calculi								1
108	22	Rigid cystoscopy, retrograde ureterogram, insertion of JJ stent								2
109	23	Bladder neck incision								1
110	24	Percutaneous insertion of suprapubic catheter								2
111	25	Optical urethrotomy								1
112	26	TURP								1
113	27	Flexible Cystoscopy								3
114	28	TRUS & Biopsy								1
115	29	Cystoscopy and biopsy								2
116	30	Cystoscopy and diathermy bladder lesion								1
117	31	Vasectomy								2

Progression summary (for learning agreement, ARCP & end of phase 2 CPP)

Total number of the entered **phase 2** non-index procedures			
Total number of the achieved supervision levels			
The % of the achieved supervision levels			
≥ 80 % (the acceptable breadth of experience) - date box color will change to green	Proceed to phase 3	Date	
< 80 % is an area of concern and need remedial actions - date box will change to red	Repeat the shift	Date	
≥ 80 % achieved in the repeated shift - date box will change to green	Proceed to phase 3	Date	

1.1.4 Trainer Report (TR)

1.1.4.1 Trainer Report

1.1.4.2. Trainer-Trainee Feedback Meeting and self-assessment discussion

<div align="center">

Trainer Report (TR).   Form 1.1.4.1

</div>

SMSB No.			إسم النائب
Residency Year (R)		Date	

<div align="center">

NOTE

</div>

- Where **development required only 5 descriptors** to be highlighted for each **GPC** or **CiP** to be relevant for development over the **next 3-6 months.**
- **At end of each phase:** For satisfactory progress **comments and descriptors** are not required **unless for showing excellence**.

Trainer Report: Assessment of GPCs

Trainers would consider whether there are **areas for development** in any of the **nine GPC** domains. **If not**, then **nothing further** needs to be recorded. If there are **areas for development** identified, then **Trainers** are obliged to **provide feedback** through the **TR**. This **feedback** can be recorded as free text in the **comments box** indicated. The **Descriptors box** expands to reveal **descriptors taken from the GPC framework**. These can be used as prompts for free text feedback or as standardized language used to describe professional capabilities.

GPC 1- Professional values and behaviours:

Appropriate for phase	Your comments:
Area for development	Select descriptors **>**

GPC 2 – Professional skills

Appropriate for phase	Your comments:
Area for development	Select descriptors **>**

GPC 3 – Professional knowledge

Appropriate for phase	Your comments:
Area for development	Select descriptors **>**

GPC 4 – Capabilities in health promotion and illness prevention

Appropriate for phase	Your comments:
Area for development	Select descriptors **>**

GPC 5 – Capabilities in leadership and team working

Appropriate for phase	Your comments:
Area for development	Select descriptors **>**

GPC 6 – Capabilities in patient safety and quality improvement

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 7 – Capabilities in safeguarding vulnerable groups

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 8 – Capabilities in education and training

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 9 – Capabilities in research and scholarship

Appropriate for phase	Your comments:
Area for development	Select descriptors >

By clicking the **green box** (appropriate for phase), the domain will disappear from the Form.

Save and continue

Capabilities in Practice (CiPs)
The **high-level clinical outcomes are known as Capabilities in Practice (CiPs)**. and are **delivered within the context of the GPCs and the specialty syllabus**.
In making a supervision level recommendation for CiPs

- Trainers should consider their experience **of working** with the trainee and the degree of independence they were prepared to give the trainee during the placement **(global rating).**

- They should also consider **all the descriptors** of the **activities, knowledge and skills listed** in the detailed **descriptions** of the **CiPs**.

- The required WBAs for the **mandatory syllabus skills** (the critical conditions and index procedures) **help clarify** the CiP supervision level needed to finish each phase of training. See achieved Logbook Learning Outcomes (critical skills, critical conditions, index and non-index procedures) in the Trainee's **Learning Agreement** (form 1.1.6 item 1.16.1)

Trainer Report: Assessment of CiPs

Trainers would decide what **supervision level** to recommend for each of the **CiPs** and record this for each through the **Supervision Level box**. Trainers are obliged to provide **feedback** through the **TR** in the **comments box** provided. The **Descriptors box** expands to reveal **CiP descriptors**. These can be used as prompts for free text feedback or as standardized language to describe the clinical capabilities.

CiP 1 – Manages an out-patient clinic	
SUPERVISION LEVEL Please select	Your comments:
	Select descriptors >
CiP 2 - Manages the unselected emergency take	

SUPERVISION LEVEL	Your comments:
Please select	Select descriptors >

CiP 3 – Manages ward rounds and the on-going care of in-patients

SUPERVISION LEVEL	Your comments:
Please select	Select descriptors >

CiP 4 – Manages an operating list

SUPERVISION LEVEL	Your comments:
Please select	Select descriptors >

CiP 5 – Manages multi-disciplinary working

SUPERVISION LEVEL	Your comments:
Please select	Select descriptors >

Back to edit GPCs   Save and continue to trainee feedback

Trainer-Trainee Feedback Meeting and self-assessment discussion   Form 1.1.4.2

To complete by Trainer

Interim and End of Year Feedback						
CiPs Learning Outcomes						
Satisfactory progress			**Improvement required**			
Please mark the CiPs which require improvement, if applicable					**Leaning opportunity**	
1	**2**	**3**	**4**	**5**	**Yes**	**No**
Action plan						

End of Phase Feedback						
CiPs Learning Outcomes						
Outstanding progress		**Satisfactory progress**		**Unsatisfactory progress**		
Outstanding Progress Please mark CiPs of excellence, if applicable						
CiP 1	**CiP 2**	**Cip 3**	**CiP 4**	**CiP 5**		
Excellence at the end of the phase will be recognized by one of the following						**Tick**
Levels of all CiPs are achieved at an earlier stage (i.e., end of the first shift of CST2 or ST3 or ST4)						

Level (III) in any of the CiPs at end of phase 1 and level (V) at end of phase 2	

Unsatisfactory progress				
Mark CiPs below the required level by the end of the phase, if applicable				
CiP 1	CiP 2	Cip 3	CiP 4	CiP 5

Note

A trainee becomes eligible to proceed from phase to phase and to sit the CT Exam or MD Final Exam once all end-of-phase supervision levels are successfully completed.

- This includes trainees who complete the required supervision levels up to six months before the official end of each phase of training

"Save" to transfer the data to the LA (Field 1.1.6.4)

Save

New Trainer Report Form available for download

1.1.5 The Electronic MSF system

1.1.5.1. MSF Dashboard

1.1.5.2. MSF Collated Ratings and AES Report

<div align="center">

MSF Dashboard   **Form 1.1.5.1**

</div>

Once your colleagues have agreed to evaluate you, you can **nominate** them through the **SMSB** website (**electronic MSF system)**

Only the AES and Trainer can click on the Rater's name to access his/her completed rating Form.

MSF progress:

- The table below shows the current progress of the **Multi-Source Feedback (MSF)**
- As ratings are received from your raters the **colors** in each category will change from **yellow to green**.
- Your MSF must have a self-rating and a rating from your AES.
- Once the **minimum overall number 8** is received you will be able to **submit** the MSF to your AES**:**

  (your-self rating, AES rating, plus 6 others covering all categories)

- The MSF process is designed to be driven by the trainee.

AES	**0**	**Consultant Surgeons names:** (At least one) 1. 2.	**0**	**0** **(Minimum 6 required)**
		Consultant from other Specialties names: (At least one) 1. 2.	**0**	
		Senior Nurse names: (At least one) 1. 2.	**0**	
Self-Rating	**0**	**Other trainees (any level) names**: (At least one) 1. 2.	**0**	
		Health Care Professional/ administrator: (At least one) 1. 2.	**0**	

Submit to allow: Submit

- The electronic MSF system to generate the **Automated MSF Collated Ratings (on section 1 of Form 1.1.5.2)**
- The AES and Trainer to access the **completed raters' Forms by clicking on the Rater's name on the MSF dashboard** (the trainee cannot access these raters' Forms)

MSF Collated Ratings and AES Report   Form 1.1.5.2

Automated collated ratings will be generated only when **at least 8** evaluations from the required range of raters have been received. The total count of each rating for every area, along with the collated comments, will be displayed below.

<table>
<tr><td colspan="5" align="center">Section 1: MSF Collated Ratings</td></tr>
<tr><td>Trainee's Name:</td><td></td><td colspan="2">SMSB number:</td><td></td></tr>
<tr><td>Hospital:</td><td></td><td colspan="2">Residency year</td><td></td></tr>
<tr><td colspan="4">Number of completed MSF Rater Forms</td><td></td></tr>
<tr><td colspan="5" align="center">Total ratings per assessed area</td></tr>
<tr><td align="center">Area</td><td align="center">Outstanding</td><td align="center">Satisfactory</td><td align="center">Development required</td><td align="center">Not observed by me</td></tr>
<tr><td>Clinical Care</td><td></td><td></td><td></td><td></td></tr>
<tr><td>1. History taking and examination skills</td><td></td><td></td><td></td><td></td></tr>
<tr><td>2. Relevant knowledge and diagnostic skills</td><td></td><td></td><td></td><td></td></tr>
<tr><td>3. Ability to formulate appropriate management plans</td><td></td><td></td><td></td><td></td></tr>
<tr><td>4. Procedural (technical) skills</td><td></td><td></td><td></td><td></td></tr>
<tr><td>5. Record keeping (timely, accurate, legible)</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Maintaining good medical practice</td><td></td><td></td><td></td><td></td></tr>
<tr><td>6. Ability to manage time and work under pressure</td><td></td><td></td><td></td><td></td></tr>
<tr><td>7. Decision making and implementation skills</td><td></td><td></td><td></td><td></td></tr>
</table>

8. Awareness of own limitations (willing to ask for help)				
9. Initiative and leadership skills				
10. Focus on patient safety (clinical governance)				
Learning and teaching				
11. Willingness to ask for feedback and to learn from it				
12. Teaching (enthusiasm and effectiveness)				
Relationships with patients and colleagues				
13. Communication with patients and their relatives				
14. Communication with colleagues				
15. Active involvement with your team				
16. Accessibility and reliability				
Summary:				
Overall, how do you rate this doctor compared to other doctors at the same level with whom you have worked?				

Collated Comments	
Give specific examples relating to any area in which you feel this trainee is outstanding:	**Give specific examples relating to any area in which you feel that this trainee requires development:**
1	1
2	2
3	3

Number of raters who have expressed concerns regarding this doctor's integrity or health	
List any concerns:	

Section 2: AES Feedback Meeting and Report

AES Feedback Meeting

Feedback comprises the raters' **collated ratings** compared with the **trainee's self-assessment**

Give the trainee 10-15 minutes to review results alone and reflect on it

Trainee's reflection:

If there are any concerns regarding this doctor's probity or health

action after discussion with the trainee and trainee's **TPD** as appropriate:

AES Report of MSF

(after the meeting and discussion with trainee)

AES comments

Tick	Overall outcome	Decision	Score
	Outstanding	No Action	**40**
	Satisfactory progress	No Action	**30**
	Development required	Refer to TPD (Additional MSF+ retraining)	**0**
If additional MSF performed			
Tick	Overall outcome	Decision	Score

	Satisfactory progress	No Action	**10**
	Unsatisfactory progress	Refer to TPD (repeat shift + retraining if this occur at end of phase; otherwise, trainee may proceed to next year + Retraining)	**0**
Date:			

Click "Save": **Save**

- **To add collated comments, AES report, and overall outcome to the Learning Agreement (Field 1.1.6.5).**
- **If progress is unsatisfactory with ARCP Outcome 3, the system will notify the Specialty Training Committee at SMSB by adding your name to Forms 5.4.2 & 13.4.2 (Shift Repeaters Record) and Form 5.4.3 (Unsatisfactory MSF Record). Also update Form 1.1.1 (Placements).**
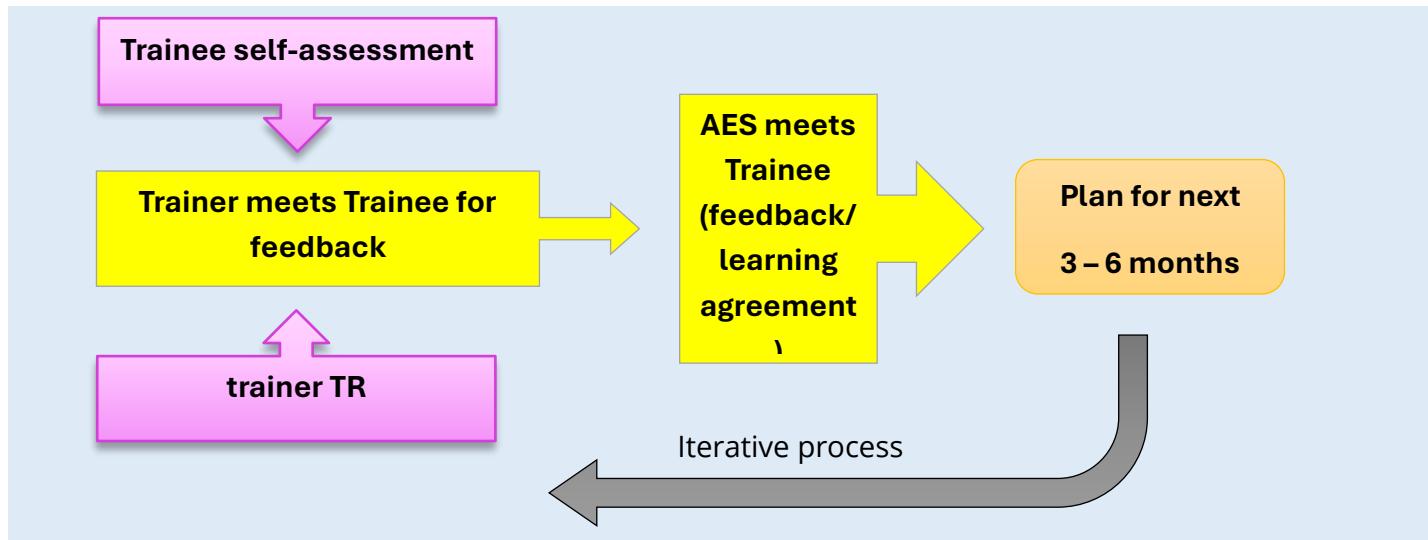
1.1.6 Learning Agreement (LA)

ST3: Learning Agreement Dashboard   **Form 1.1.6**

(Integrated with End-of-Year AES Report)

ST3 - Learning Agreement	
1.1.6. Learning Agreement	**End of Year AES Report**
1.1.6.1. Logbook: Learning Outcomes	**1.1.6.7.** Logbook: Learning Outcomes
1.1.6.1.1. Phase 2 Mandatory Modules **Critical Conditions** **1.1.6.1.2.** Phase 2 Mandatory Modules **Index Procedures** **1.1.6.1.3.** Phase 2 Mandatory Modules **Non-index Procedure**	**1.1.6.7.1.** Phase 2 Mandatory Modules **Critical Conditions** **1.1.6.7.2.** Phase 2 Mandatory Modules **Index Procedures** **1.1.6.7.3.** Phase 2 Mandatory Modules **Non-index Procedure**
1.1.6.2. Cumulative number of cases **1.1.6.3. Cumulative Number of Completed WBA Forms** **1.1.6.4. Trainer Report (TR)** **1.1.6.5. Multi - Source Feedback (MSF)** **1.1.6.6. Absence Scoring**	**1.1.6.8. Cumulative number of cases** **1.1.6.9. Cumulative Number of Completed WBA Forms** **1.1.6.10. Trainer Report (TR)** **1.1.6.11. Multi - Source Feedback (MSF)** **1.1.6.12. Absence Scoring**.

Figure 7 - The *iterative process* of the *TR*, showing the involvement of trainers, self-assessment by trainees, face to face meeting between trainees and supervisors and the development of an *action plan* focused on identified *learning needs* over the next *three to six months* of training. Progress against these action plans is reviewed by *AES and at the subsequent TRs*.

Adopted, with modification, from the Intercollegiate Surgical Curriculum Programme *(ISCP)*

The end-of-year Action Plans
The **end-of-year action plans** inform the next year's **objective-setting meetings**, enabling the trainee and **next AES** to address and complete any recommended actions.
Access previous residency year Learning Agreement^ to address and complete any recommended actions

The Role of the AES:

This is an **automated form**. The **AES** is required to **review and discuss the provided outcomes with the trainee**, and then **document an appropriate action plan** based on the discussion.

If no action plan required write **"Not required"** in the field.

SMSB No.					إسم النائب

<table>
<tr><td colspan="6" align="center">1.1.6. ST3 - Learning Agreement

(Integrated with End-of-Year AES Report)</td></tr>
<tr><td colspan="6" align="center">1.1.6.1. LOGBOOK: Learning Outcome

Click on the module name to access the module on logbook and review trainees' progression</td></tr>
<tr><td colspan="6" align="center">1.1.6.1.1. Phase 2 Critical Conditions
(mandatory WBA)</td></tr>
<tr><td rowspan="2">AES Meeting</td><td rowspan="2">Date</td><td colspan="2">Learning opportunity</td><td rowspan="2">% of achieved level 3

(target 100% at end of phase 2)</td><td rowspan="2">Action plan</td></tr>
<tr><td>Yes</td><td>No</td></tr>
<tr><td colspan="6" align="center">First 6-month rotation</td></tr>
<tr><td>Objective-setting</td><td></td><td></td><td></td><td></td><td>Action plan:</td></tr>
</table>

Midpoint					Action plan if any:
End of Shift					Action plan if any:
Second 6-month rotation					
Objective-setting					Action plan:
Midpoint					Action plan if any:
End of ST3					Action plan if any:

End of Phase 2 Progression (Automated)					
(The target is to achieve level 4 in all the Critical Conditions)					
Learning Outcome Level Achieved		**Decision**	**Date**	**Score**	**ARCP Outcome**
100 % of the target level 4 achieved		Proceed to phase 3		30	1
< 100 % - an area of concern for remedial action		Repeat the shift		0	3
100 % achieved in the repeated shift		Proceed to phase 3		0	1

1.1.6.1.2. Phase 2 Index Procedures					
(Mandatory WBA)					
AES Meetings	**Date**	**Learning opportunity**		**% of (3 PBAs) completed to level shown at end of phase 2 (Target 100%)**	**Action plan**
		Yes	**No**		
First 6-month rotation					

Objective-setting					Action plan:
Midpoint					Action plan if any:
End of Shift					Action plan if any:

Second 6-month rotation

Objective-setting					Action plan:
Midpoint					Action plan if any:
End of ST3					Action plan if any:

End of Phase 2 Progression (Automated)
(The target is to complete 3 PBAs to the level shown at the end of phase 3 in all the Index Procedures)

Learning Outcome Level Achieved	Decision	Date	Score	ARCP Outcome
100 % (all the index procedures)	Proceed to phase 3		30	1
< 100 % - an area of concern for remedial action	Repeat the shift		0	3
100 % achieved in the repeated shift	Proceed to phase 3		0	1

1.1.6.1.3. Phase 2 Non-index Procedures
(Breadth of operative experience)

AES Meetings	Date	Learning opportunity		% of achieved supervision levels (target ≥ 80%)	Action plan
		Yes	No		

First 6-month rotation						
Objective-setting					Action plan:	
Midpoint					Action plan if any:	
End of Shift					Action plan if any:	
Second 6-month rotation						
Objective-setting					Action plan:	
Midpoint					Action plan if any:	
End of ST3		■			Action plan if any:	

End of Phase 2 Progression (Automated)

(The target is to achieve ≥ 80 % of the supervision levels of the non-index procedures)

Learning Outcome Level Achieved	Decision	Date	Score	ARCP Outcome
≥ 80 % (the acceptable breadth of experience)	Proceed to Phase 3		30	1
< 80 % is an area of concern and needs remedial actions	Repeat the shift		0	3
≥80 % achieved in the repeated shift	Proceed to phase 3		0	1

Logbook Evidence

1.1.6.2. Cumulative number of cases

AES Meeting	Date	Learning opportunity		Action plan

		Yes	No	No. of Cases (Target ≥ 120/ year) (≥ 60/ shift)	
First 6-month rotation					
Objective-setting					Action plan:
Midpoint					Action plan if any:
End of Shift					Action plan if any:
Second 6-month rotation					
Objective-setting					Action plan:
Midpoint					Action plan if any:
End of ST3					Action plan if any:

End of Phase 2 Progression (Automated)

Cumulative Number of Cases

Cumulative Number of Cases	Decision	Date	Score	ARCP Outcome
≥ 120	Proceed to Phase 3		10	1
≤ 120	Repeat the Shift		0	3
≥ 120 achieved in the repeated shift	Proceed to Phase 3		0	1

1.1.6.3. Cumulative Number of Completed Mandatory WBA Forms

AES Meeting	Date	Learning opportunity		Completed WBAs (Target ≥ 40/ year) (≥ 20/ shift)	Action plan
		Yes	No		
First 6-month rotation					
Objective-setting					Action plan:
Midpoint					Action plan if any:
End of shift					Action plan if any:
Second 6-month rotation					
Objective-setting					Action plan:
Midpoint					Action plan if any:
End of ST3					Action plan if any:
End of Phase 2 Progression (Automated)					
Cumulative Number of Completed Mandatory WBA Forms					
WBAs cumulative number			Decision	Date	Score	ARCP Outcome

WBAs cumulative number	Decision	Date	Score	ARCP Outcome
≥ 40 WBAs	Proceed to Phase 3		10	1
≤ 40 WBAs	Repeat the Shift		0	3
≥ 40 WBAs achieved in the repeated shift	Proceed to Phase 3		0	1

1.1.6.4. TRAINER REPORT: Assessment of CiPs

Click on Trainer Report to access both TR and Trainee self-assessment

AES Meeting	Date	Learning opportunity		Tick the CiPs which require improvement				
		Yes	No	CiP1	CiP2	CiP3	CiP4	CiP5
First 6-month rotation								
Objective-setting				Action plan:				
Midpoint								
	Action plan if improvement required:							
End of shift								
	Action plan if improvement required:							
(Automated) Excellence at the end of the first 6-month of ST3, if applicable **Trainee proceed to phase 3 if level IV achieved in all CiPs at an earlier stage - for interim ARCP**								
Learning Outcome Level Achieved					**Decision**	**Date**	**Score**	**ARCP Outcome**
Supervision level IV achieved in all CiPs – For interim ARCP					**Proceed to Phase 3**		**60**	**1**
Second 6-month rotation								

AES Meeting	Date	Learning opportunity		Tick the CiPs which require improvement				
		Yes	No	CiP1	CiP2	CiP3	CiP4	CiP5
Objective-setting				**Action plan:**				
Midpoint								
	Action plan if improvement required:							
End of ST3								
	Action plan if improvement required:							

Area of outstanding performance at end of phase 2, if applicable	Tick
Level V in any of the CiPs	

End of Phase 2 Progression (Automated)
TR: assessment of CiPs

Learning Outcome Level Achieved	Decision	Date	Score	ARCP Outcome
Outstanding progress (Level V in any of the CiPs)	**Proceed to Phase 3**		**60**	**1**
Satisfactory progress (Supervision level IV achieved in all CiPs)	**Proceed to Phase 3**		**30**	**1**
Unsatisfactory progress (if any CiPs require improvement - an area of concern for remedial actions)	**Repeat the shift**		**0**	**3**
Supervision level IV achieved in all CiPs in the repeated shift	**Proceed to Phase 3**		**0**	**1**

1.1.6.5. MSF Collated Ratings and AES Report

If any areas of concern arise, the AES may request an additional MSF to be conducted before the end of the training year

(Automated)

Collated Comments
See MSF Collated Ratings and AES Report

Areas of outstanding performance	
1.	
2.	

Areas require development	
Areas	**Targeted training action**
1.	
2.	

Concerns regarding probity or health	
Concerns	**Action after discussion with the trainee and trainee's TPD as appropriate**

End of Phase 2 Progression (Automated)
The AES Report of MSF

AES comments
1.

2.

Overall outcome	Action	Decision	Date	Score	ARCP Outcome
Outstanding progress	No Action	Proceed to Phase 3		**40**	**1**
Satisfactory progress	No Action	Proceed to Phase 3		**30**	**1**
Development required	Referral to TPD (Additional MSF + Retraining)	Additional MSF		**0**	**2**

Repeated MSF

If the above MSF is unsatisfactory, an additional MSF should be conducted before the end of the training year

Collated Comments

See MSF Collated Ratings and AES Feedback Meeting + Report

Areas of outstanding performance

1.
2.

Areas require development

Areas	Targeted training action
1.	
2.	

Concerns regarding probity or health

Concerns	Action after discussion with the trainee and trainee's TPD as appropriate

End of Phase 2 Progression (Automated)

The AES Report of the additional MSF

AES comments					
1.					
2.					
Overall outcome	**Action**	**Decision**	**Date**	**Score**	**ARCP Outcome**
Satisfactory progress	No Action	Proceed to Phase 3		**10**	**1**
Unsatisfactory progress	Referral to TPD (Repeat the shift + Retraining)	Repeat the Shift		**0**	**3**
Satisfactory progress after the repeated shift	No Action	Proceed to Phase 3		**0**	**1**

1.1.6.6. ANNUAL ABSENCE SCORING

(Automated)

First 6-month rotation					
AES Meeting	**Date**	**Work**	**Morning Meetings**	**Monthly Meetings**	**Weekly Teaching**	**Total Absence Score**
		Absence Score	**Absence Score**	**Absence Score**	**Absence Score**	
Objective-setting		**Action plan:**				
Midpoint						
	Action plan:					
End of Shift						
	Action plan:					
Second 6-month rotation						
Objective-setting		**Action plan:**				

Midpoint					
	Action plan:				
End of ST3					
	Action plan:				

End of Year AES Report (Automated)

1.1.6.7. LOGBOOK: Learning Outcomes

1.1.6.7.1. Critical Conditions

Learning Outcome Level Achieved		Decision	Date	Score	ARCP Outcome
End of ST3 action plan, if any					

1.1.6.7.2. Index Procedures

Learning Outcome Level Achieved		Decision	Date	Score	ARCP Outcome
End of ST3 action plan, if any					

1.1.6.7.3. Non-index Procedures

Learning Outcome Level Achieved		Decision	Date	Score	ARCP Outcome

End of ST3 action plan, if any				

Logbook: Evidence

1.1.6.8. Cumulative Number of Cases				
Cases Cumulative Number		**Date**	**Score**	**ARCP Outcome**
End of ST3 action plan, if any				

1.1.6.9. Cumulative Number of used WBA Forms				
WBAs Cumulative Number		**Date**	**Score**	**ARCP Outcome**
End of ST3 action plan, if any				

1.1.6.10. Trainer Report (Assessment of CiPs)				
Learning Outcome Level Achieved	**Decision**	**Date**	**Score**	**ARCP Outcome**
End of ST3 action plan, if any				

1.1.6.11. AES Report of MSF				
Overall outcome	**Decision**	**Date**	**Score**	**ARCP Outcome**

Concerns regarding probity or health				
Concerns	**Action after discussion with the trainee and trainee's TPD as appropriate**			
1.1.6.12. Annual Absence Scoring				
Total Absence Score				
End of ST3 action plan, if any				
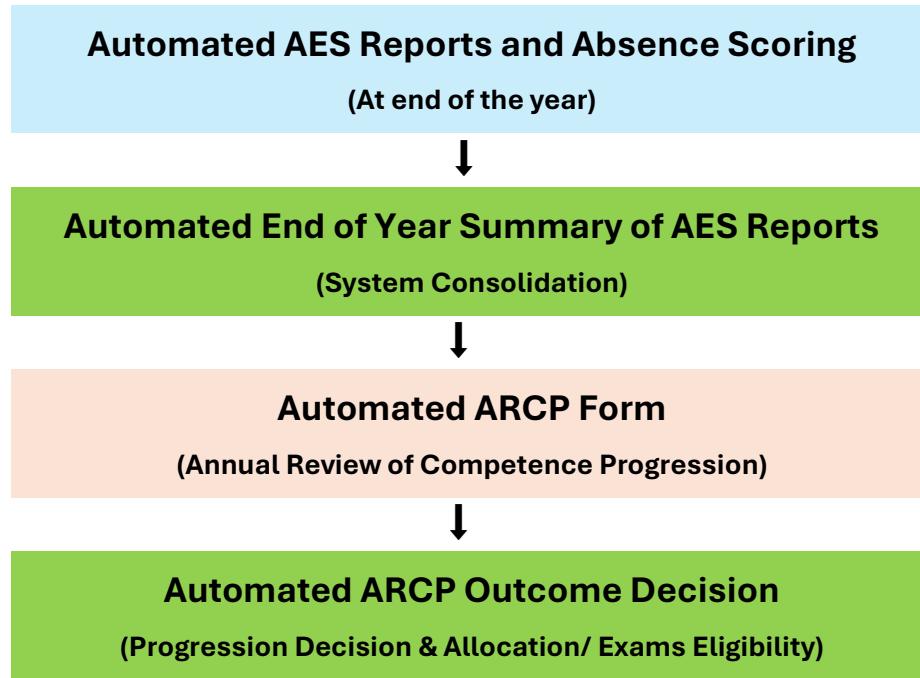
"Save" after each action plan entry   **Save**

System Transfer of Scores, ARCP Outcomes and Action Plans to the ARCP Form:

- At the end of the year the system will automatically transfer the Scores, ARCP Outcomes and Action Plans from the Automated AES Reports & the Absence Scoring into the trainee's ARCP Form.

- This ensures that:

  - All the AES Reports are consolidated and standardized before ARCP review.

  - The ARCP panel receives a complete and validated score summary without manual data entry.

  - Consistency is maintained across all trainees' records within the ePortfolio.

Workflow diagram showing how **scores, ARCP outcomes and Action Plans** move from the **Automated AES Reports & the Absence Scoring** to the **ARCP Form** through the automated system:

Automated AES Reports and Absence Scoring

(At end of the year)

↓

Automated End of Year Summary of AES Reports

(System Consolidation)

↓

Automated ARCP Form

(Annual Review of Competence Progression)

↓

Automated ARCP Outcome Decision

(Progression Decision & Allocation/ Exams Eligibility)

1.1.7 Annual Review of Competence Progression (ARCP)

ARCP (ST3)   **Form 1.1.7**

CPP at end of phase 2		
To proceed to phase 3, trainees should achieve the following high-level learning outcomes		
Logbook learning outcomes	**Critical Conditions**	Competency **level 3 in all** critical conditions.
	Index Procedures	o The competency levels shown at the end of phase 2 **in all** the index procedures. o The indicative numbers shown at the end of phase 2 **in al**l the index procedures.
	Non-index Procedures	o Supervision levels shown at end of phase 2 **in ≥ 80%** (breadth of operative experience).
Logbook evidence	**WBAs**	≥ 40 per year
	Operative cases	≥ 120 case per year
TR outcomes	**Cips**	Supervision level **(3) in all** CiPs (Supervision Levels For CiPs - 17.5.9.1)
MSF Outcome	with a rating of at least satisfactory	

➤ Trainee should **repeat the shift** If he/she achieve an **ARCP outcome 3** in any of the above **learning outcomes**.

➤ To **proceed to phase 3**, trainees should achieve an **ARCP outcome 1** in all the above **learning outcomes, either:**

  o   at end of ST3,

  o   or at an **earlier stage** (i.e., end of the first shift of ST3) – **Interim ARCP**

ARCP (ST3)

Click on to view: Placements (Form 1.1.1) & Exam Results (Form 1.1.2)

ePortfolio completed documents that are required for ARCP	Score	ARCP Outcome
Administrative		
1.1.7.1. Hospital Workload		
1.1.7.2. Hospital General Physical Resources.		
1.1.7.3 Hospital Specialty-Specific Physical Resources.		
1.1.7.4 Hospital based Training Evaluation Form (TEF)		
Learning Agreement (LA) The **Critical Progression Point (CPP)** of Phase 2 Achievement of the high-level learning outcomes		
1.1.7.5. Logbook: Learning Outcomes		
1.1.7.5.1 Critical Conditions		
1.1.7.5.2 Index procedures		
1.1.7.5.3 Non-index procedures		
Logbook: Evidence		

1.1.7.6.	Cumulative number of **mandatory WBAs**		
1.1.7.7.	Cumulative number of **operative case**		

<table>
<tr><td colspan="4" align="center"><strong style="color:red">Trainer Report outcomes</td></tr>
</table>

1.1.7.8	Assessment of **CiPs**		

<table>
<tr><td colspan="4" align="center"><strong style="color:red">Multi - Source Feedback (MSF) outcome</td></tr>
</table>

1.1.7.9	**Multi - Source Feedback (MSF) outcome**		

OVERALL ARCP OUTCOME DECISION

The Electronic ARCP System overall decision is based on the achievement of the above learning outcomes:

Outcome 1: Satisfactory progress (outcome 1 - green light) in all the above learning outcomes

Outcome 2: Satisfactory progress overall, but development (outcome 2 - yellow light) is required in one or more of the above learning outcomes

Outcome 3: Unsatisfactory progress (outcome 3 - red light) in one or more of the above learning outcomes

Outcome 4: Gained all competencies needed for CCT award (outcome 4 - green light) in all the above learning outcomes.

➢ **Trainee should repeat the shift If he/she achieve an overall ARCP outcome 3.**

➢ **Trainee is eligible to proceed to phase 3 if they achieve an overall ARCP outcome 1, either:**
  - **at end of ST3,**
  - **or at an earlier stage (i.e., end of the first shift of ST3) – Interim ARCP**

Other records of educational achievement

<table>
<tr><td colspan="4" align="center"><strong style="color:red">Non-mandatory WBAs</td></tr>
</table>

1.1.7.10	**Observation of Teaching (OoT) - maximum 4 OoT per year (= 20 points)**		
1.1.7.11	**Assessment of Audit (AoA) - one per year**		

	Reflective practice		
1.1.7.12	**Trainer Report (trainee self-assessments)**		
1.1.7.13	**Multi-Source Feedback (trainee self-assessment)**		
1.1.7.14	**Written Reflective CBDs**		
1.1.7.15	**Mandatory Courses Attended**		
1.1.7.16	**Other Courses and Events Attended (Regional, National or International)**		
1.1.7.17	**Formal Presentation (To Regional, National or International audiences)**		
1.1.7.18	**Publications**		
1.1.7.19	**Trainee's Thesis Details**		
TOTAL END OF YEAR SCORE			
1.1.7.20	**DEDUCT TOTAL ABSENCE SCORE**		
ARCP FINAL SCORE			

OVERALL ARCP OUTCOME DECISION

(Automated)

Outcome Grade	The decision process uses a traffic-light system to provide a clear visual summary of progress		Light indicator
1	**Achieving progress** in all the above LA outcomes	developing competencies **at the expected rate**	1
2	**Development required** for specific competencies	additional training time is **not required**	2

| 3 | **Inadequate progress** in any of the above LA outcomes | additional training time **required (repeat the shift)** | 3 |
| 4 | **Gained all required competencies** for award of a CCT | **Completed the training program** | 4 |

Automated transfer of ARCP FINAL SCORE and Trainee's name to the corresponding Form 13.1.1 (End of Residency Year Trainees' Ranking).

1. Decision to Repeat a Shift:

If the ARCP decides that a trainee must repeat a shift due to Inadequate progress and additional training time required

(ARCP outcome 3 – display red light) in <u>one or more</u> learning outcomes in the ARCP Form, the system will automatically update the following:
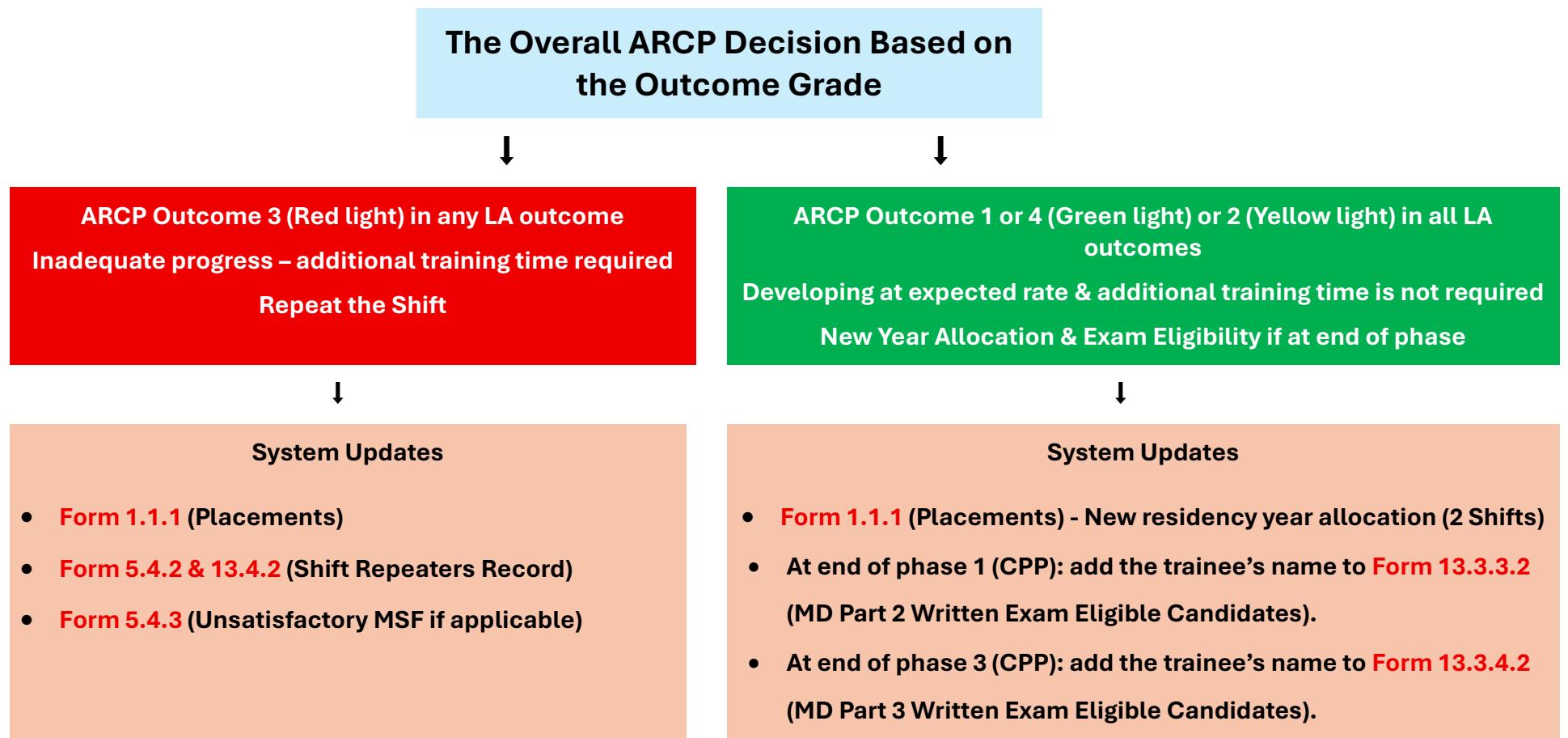
1. **Form 1.1.1 (Placements) to record the repeat allocation with the same hospital and trainer**

2. **Form 5.4.2 and 13.4.2 (Shift Repeaters Report) to track all repeat cases for monitoring and quality assurance.**

3. **Form 5.4.3 (Unsatisfactory MSF Report) if the cause of repetition is an unsatisfactory Multi-Source Feedback (MSF).**

2. Decision for a New Residency Year Allocation (Two 6-Month Shifts) & Eligibility to sit for MD Part 2 (CSE) at end of phase 1 or MD Part 3 Exam at end of phase 3:

If a trainee has developed at the expected rate & additional training time is not required - ARCP Outcome 1 or 4 (Green light) or 2 (Yellow light), the system will automatically update:

- **Form 1.1.1 (Placements) – to record the new residency year allocation (covering the next two 6-month shifts).**

- **At end of phase 2: add trainee's name to Form 13.3.3.2 (MD Part 2 Written Exam Eligible Candidates).**

- **At end of phase 3: add trainee's name to Form 13.3.4.2 (MD Part 3 Written Exam Eligible Candidates).**

Flow diagram:

The Overall ARCP Decision Based on the Outcome Grade

↓   ↓

ARCP Outcome 3 (Red light) in any LA outcome

Inadequate progress – additional training time required

Repeat the Shift

ARCP Outcome 1 or 4 (Green light) or 2 (Yellow light) in all LA outcomes

Developing at expected rate & additional training time is not required

New Year Allocation & Exam Eligibility if at end of phase

↓   ↓

System Updates

- **Form 1.1.1** (Placements)
- **Form 5.4.2 & 13.4.2** (Shift Repeaters Record)
- **Form 5.4.3** (Unsatisfactory MSF if applicable)

System Updates

- **Form 1.1.1** (Placements) - New residency year allocation (2 Shifts)
- At end of phase 1 (CPP): add the trainee's name to **Form 13.3.3.2** (MD Part 2 Written Exam Eligible Candidates).
- At end of phase 3 (CPP): add the trainee's name to **Form 13.3.4.2** (MD Part 3 Written Exam Eligible Candidates).

1.1.8 My New Residency Year Allocation

My New Residency Year Allocation   **Form 1.1.8**

<table>
<tr>
<td colspan="3">My New Residency Year Allocation

<i>Based on your ARCP Final Score and the preferences indicated in your Hospital Priority Form</i></td>
</tr>
<tr>
<td>SMSB Number</td>
<td></td>
<td></td>
<td>إسم المدرب</td>
</tr>
<tr>
<td>SMSB Number</td>
<td></td>
<td></td>
<td>إسم المشرف</td>
</tr>
<tr>
<td></td>
<td>مركز التدريب</td>
<td></td>
<td>المستشفى</td>
</tr>
</table>

- *Training Center Responsibility:*

  o **The Training Center will be responsible for your training over the next residency year, which consists of two consecutive 6-month shifts.**

- *Swapping Process:*

  o **If you wish to swap with another Trainee, log into the Swap Requests Platform (Form 13.1.3) and post your swap request.**
  o **Swap arrangement must be completed and confirmed within one week from the date the official allocation list is published. This is a fully automated process.**

Automated update of Form 13.1.2 (Trainees' Allocation List) and Form 1.1.1 (Placements).

1.1.9 Swapping Reallocation Bilateral Agreement

Swapping Reallocation Bilateral Agreement   **Form 1.1.9**

The agreement must be submitted within one week of the allocation list announcement. Late submissions will not be accepted.

Responding Trainee Name	Year	SMSB No.	Swapping		Confirm Request (tick)	Date
			From Hospital	To Hospital		

Send this Form as a message to the requesting trainee	Send			

Requesting Trainee Name	Year	SMSB No.	Swapping		Confirm Request (tick)	Date
			From Hospital	To Hospital		

Send for automated update of Form 13.1.2 (Trainees' Allocation List) and Form 1.1.1 (Placements) of both Trainees	Send

1.1.10 Reallocation For Training Needs Within The Center

Reallocation For Training Needs Within The Center   **Form 1.1.10**

- *Reallocation For Training Needs:*
  - At the end of the first shift, your Assigned Educational Supervisor (AES) will review your progress.
  - If the AES determines that certain target skills cannot be adequately achieved with your current trainer, they may coordinate with the Training Program Director (TPD) to arrange a reassignment.
  - This reassignment will take place in the second shift of the year and will ensure that you are placed with another trainer within the same center, enabling you to achieve the necessary training objectives.

Reallocation For Training Needs Within The Center		
(to be arranged jointly by the AES and the TPD)		
The certain skills to be achieved		
1.		
2.		
Following discussion with the Regional TPD you are reallocated to:		
المستشفى	إسم المشرف	إسم المدرب

"Submit" to TPD for Approval			**Submit**
Regional TPD Approval (Tick)			

Automated update of Form 13.1.2 (Trainees' Allocation List) and Form 1.1.1 (Placements)

1.1.11 Trainer Report (trainee self-assessment)

Trainer Report (trainee self-assessment)   **Form 1.1.11**

SMSB No.			إسم النائب
Residency Year (R)		Date	

NOTE
• Where **development required only 5 descriptors** to be highlighted for each **GPC** or **CiP** to be relevant for development over the **next 3-6 months.**   • **At end of each phase:** For satisfactory progress **comments and descriptors** are not required **unless for showing excellence**.

Trainer Report: Assessment of GPCs

Trainers would consider whether there are **areas for development** in any of the **nine GPC** domains. **If not**, then **nothing further** needs to be recorded. If there are **areas for development** identified, then **Trainers** are obliged to **provide feedback** through the **TR**. This **feedback** can be recorded as free text in the **comments box** indicated. The **Descriptors box** expands to reveal **descriptors taken from the GPC framework**. These can be used as prompts for free text feedback or as standardized language used to describe professional capabilities.

GPC 1- Professional values and behaviours:

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 2 – Professional skills

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 3 – Professional knowledge

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 4 – Capabilities in health promotion and illness prevention

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 5 – Capabilities in leadership and team working

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 6 – Capabilities in patient safety and quality improvement

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 7 – Capabilities in safeguarding vulnerable groups

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 8 – Capabilities in education and training

Appropriate for phase	Your comments:
Area for development	Select descriptors >

GPC 9 – Capabilities in research and scholarship

Appropriate for phase	Your comments:
Area for development	Select descriptors >

By clicking the **green box** (appropriate for phase), the domain will disappear from the Form.

Save and continue

Capabilities in Practice (CiPs)
The **high-level clinical outcomes are known as Capabilities in Practice (CiPs)**. and are **delivered within the context of the GPCs and the specialty syllabus**.
In making a supervision level recommendation for CiPs
• Trainers should consider their experience **of working** with the trainee and the degree of independence they were prepared to give the trainee during the placement **(global rating).** • They should also consider **all the descriptors** of the **activities, knowledge and skills listed** in the detailed **descriptions** of the **CiPs**. • The required WBAs for the **mandatory syllabus skills** (the critical conditions and index procedures) **help clarify** the CiP supervision level needed to finish each phase of training. See achieved Logbook Learning Outcomes (critical skills, critical conditions, index and non-index procedures) in the Trainee's **Learning Agreement** (form 1.1.6 item 1.16.1)

Trainer Report: Assessment of CiPs

Trainers would decide what **supervision level** to recommend for each of the **CiPs** and record this for each through the **Supervision Level box**. Trainers are obliged to provide **feedback** through the **TR** in the **comments box** provided. The **Descriptors box** expands to reveal **CiP descriptors**. These can be used as prompts for free text feedback or as standardized language to describe the clinical capabilities.

CiP 1 – Manages an out-patient clinic	
SUPERVISION LEVEL Please select	Your comments: Select descriptors >
CiP 2 - Manages the unselected emergency take	

SUPERVISION LEVEL	Your comments:
Please select	**Select descriptors** **>**

CiP 3 – Manages ward rounds and the on-going care of in-patients

SUPERVISION LEVEL	Your comments:
Please select	**Select descriptors** **>**

CiP 4 – Manages an operating list

SUPERVISION LEVEL	Your comments:
Please select	**Select descriptors** **>**

CiP 5 – Manages multi-disciplinary working

SUPERVISION LEVEL	Your comments:
Please select	**Select descriptors** **>**

Back to edit GPCs

"Save" the completed self-assessment Form to add 5 points (for each Form) to your score in the ARCP (Field 1.1.7.12)

Save

1.1.12 Multi-Source Feedback (trainee self-assessment)

Multi-Source Feedback (trainee self-assessment).   **Form 1.1.12**

Trainee's name			Specialty:	
Residency year (R)		Hospital		

Your assessment should be undertaken without discussion with other raters and should be judged against the standard set by other doctors at the same level with whom you work or have worked.

How do you rate yourself in the following areas	Outstanding*	Satisfactory	Development required*	Not undertaken by me
Clinical Care				
1. History taking and examination skills				
2. Relevant knowledge and diagnostic skills				
3. Ability to formulate appropriate management plans				
4. Procedural (technical) skills				
5. Record keeping (timely, accurate, legible)				
Maintaining good medical practice				
6. Ability to manage time and work under pressure				
7. Decision making and implementation skills				
8. Awareness of own limitations (willing to ask for help)				

9. Initiative and leadership skills				
10. Focus on patient safety (clinical governance)				
Learning and teaching				
11. Willingness to ask for feedback and to learn from it				
12. Teaching (enthusiasm and effectiveness)				
Relationships with patients and colleagues				
13. Communication with patients and their relatives				
14. Communication with colleagues				
15. Active involvement with your team				
16. Accessibility and reliability				
Summary				
Overall, how do you rate this doctor compared to other doctors at the same level with whom you have worked?				

Give specific examples relating to **any area** in which you feel your performance is **outstanding**:	Give specific examples relating to **any area** in which you feel your performance **requires development**:

Trainee reflections on this activity:

What did I learn from this experience?

What did I do well?
What do I need to improve or change? How will I achieve it?
Date:

"Save" to add 10 points to the MSF (trainee self-assessment) in the APCP (Field 1.1.7.13)

Save

1.1.13 Written Reflective CBDs

Written Reflective Case-Based Discussion (CBD)   **Form 1.1.13**

SMSB No.			إسم النائب
Assessor's Name		SMSB NO.	
Assessor's Position:		Assessment date	
CBD relates to reflective writing (tick if yes)		Hospital	

FEEDBACK
Verbal and written feedback is a mandatory component of this assessment.

General:
Strengths:
Development needs:
Recommended actions:

TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

Reflective CBD DETAILS

Clinical setting			Emergency		Elective	

If performed in a simulated setting, Description of the simulation:

If Reflective CBD performed while on a course, please give details:

Summary of the clinical problem (optional):

Critical condition:			Yes		No	

Focus of encounter:	Medical record keeping		Clinical Assessment		Management		Professionalism	

Domain of Good Medical Practice:	Knowledge, Skills and Performance	
	Safety and Quality	
	Communication, Partnership and Teamwork	
	Maintaining Trust	

Complexity of the case:	1. Appropriate for early years training	
	2. Appropriate for the completion of early years training or early specialty training	
	3. Appropriate for the central period of specialty training	
	4. Appropriate for Certification / Completion of Specialty Training (CCST)	

"Save" to add 5 points for each completed Form (maximum 10 points/year) to the APCP (Field 1.1.7.14)

Save

1.1.14 Mandatory courses Attendance

Mandatory Courses Attended   **Form 1.1.14**

Automated Form

No	Course Title	Shift	From	To	YES	NO
1	Emergency obstetrics & neonatal care (EMONC). And basic surgical skills	1				
2	CTG interpretation.					
3	IT, Evidence based medicine, Audit & Clinical risk management	2				
4	Research methodology					
5	Communication skills.	3				
6	Contraception training course.	4				
7	Laparoscopy (hand – on).	5				
8	Basic urodynamic	6				

9	- Paediatric gynaecological problems. - Problems of puberty. - Rape.	7				
10	Assisted reproduction. Psychosexual problems.					
11	Training in palliative care.	8				

For each Mandatory Courses attended, 10 points will be automatically awarded on the ARCP (Field 1.1.7.15).

1.1.15 Other Courses and Events Attendance

Other Courses and Events Attendance   **Form 1.1.15**

(All Shifts)

Include below the details of regional, national or international courses/ conferences/ workshops/ Symposia **attended**.

Automated Form

Shift No.	Title	Venue	Organizing body	Dates

For each Other Courses and Events attended, 10 points will be automatically awarded on the ARCP (Field 1.1.7.16).

1.1.16 Formal presentations

(All Shifts)

Include below the details of formal presentations **made by Trainee to** SMSB, RTC, national or international audiences (conferences, courses, workshops. Symposia. ……..)

Automated Form

Shift No.	Title	Venue	Organizer	Date

For each Formal Presentation, 15 points will be automatically awarded on the ARCP (Field 1.1.7.17).

1.1.17 Observation of Teaching (OoT)

Observation of Teaching (OoT)   Form 1.1.17

(Case presentation – Teaching sessions)

Trainee's Name		Assessor's Name	
Assessment date		Hospital	
FEEDBACK **Verbal and written feedback is a mandatory component of this assessment.**			
General:			
Strengths:			
Development needs:			
Recommended actions:			
TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)			
What did I learn from this experience?			

What did I do well?	
What do I need to improve or change? How will I achieve it?	

RATINGS	
Your ratings should be judged against the standard laid out in the syllabus for the **trainee's stage of training**.	

How do you rate this trainee in his/her:		OVERALL QUALITY OF TEACHING	
O: Outstanding **S:** Satisfactory **D:** Development required **N:** Not assessed		Based on this observation please rate the level of overall quality of teaching: **Key descriptors** (please tick one)	
1. Introduction		**Outstanding:** Topic related to an important clinical problem, detailed and exhaustive methodology applied, resulting in conclusions with significant clinical importance. Plans for future direction are highlighted. Perfect teaching session.	
2. Presentation			
3. Conclusion		**Satisfactory:** Limited preparation. Sound methodology in a relevant topic, resulting in conclusions with practical clinical importance. Plans for future direction highlighted.	
4. Professionalism		**Development required:** Insufficient preparation. Inappropriate topic or poor methodology resulting in inappropriate conclusions or conclusions of limited practical use. Inadequate consideration of future direction.	

TEACHING DETAILS			
Date of event		**Type of teaching:** e.g., Lecture	
Brief description of teaching session: (including aims and intended outcomes)			
Who were the learners?			

Number of learners		1-5		6-10		11-20		>20		>50	
If teaching is performed on a course / simulation training, please give details:											
If performed in institution setting, Description of setting:											
Title (if any):											

"Save" to add 5 points for each session (maximum 4 sessions/year) to the OoT score in the ARCP (Field 1.1.7.10).

Save

1.1.18 Assessment of Audit (AoA)

Assessment of Audit (AoA)   **Form 1.1.18**

Trainee's Name		Assessor's Name	
Assessment date		Hospital AoA took place	

FEEDBACK
Verbal and written feedback is a mandatory component of this assessment.

General:
Strengths:
Development needs:
Recommended actions:

TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)
What did I learn from this experience?
What did I do well?

What do I need to improve or change? How will I achieve it?					

RATINGS Your ratings should be judged against the standard laid out in the syllabus for the **trainee's stage of training**					
How do you rate this trainee in their		**Outstanding**	**Satisfactory**	**Development required**	**Not assessed**
1	**Relevance of Audit Topic**				
2	**Standards / Targets chosen for Audit**				
3	**Audit Methods**				
4	**Results and Interpretation**				
5	**Conclusions and Plan for Implementation**				
6	**Plan for Further Evaluation**				
7	**Professionalism**				

OVERALL QUALITY OF AUDIT Based on this observation please rate the level of overall quality of clinical audit:		
Rating	**Key descriptors**	**Tick**
Outstanding clinical audit	Audit topic related to an important clinical problem, detailed and exhaustive methodology applied, resulting in conclusions with significant clinical importance. Plans for future direction of audit are highlighted. An exemplary clinical audit.	
Satisfactory standard of clinical audit	Limited guidance required throughout audit process. Sound audit methodology in a relevant topic, resulting in conclusions with practical clinical importance. Plans for future direction of audit highlighted.	
Development required to reach the standard of clinical audit	Significant guidance required throughout the audit process. Inappropriate audit topic or poor methodology resulting in inappropriate conclusions or conclusions of limited practical use. Inadequate consideration of future direction of audit.	

AUDIT DETAILS (please tick as appropriate)							
Title			**Methodology used**				
Brief description: (objective and rationale)							
Basis for assessment: e.g. Report			**Others involved in the audit:**				
Start date:		**End date:**		**Status:**	In progress		Completed cycle	
Your contribution:							
Summary of findings:							
Setting(s):		**Audit cycle completed**	Yes		No		**Type of audit:**

"Save" to add 30 points (one AOA per year) to the ARCP (Field 1.1.7.11).   **Save**

1.1.19 Course Assessment Feedback

Course Assessment Feedback   **Form 1.1.19**

Title:			
Venue:		Course Organizer:	
Date:	From	To	Shift No:

Please rate each session of the course into 5 points scale
(Where 1 represents poor and 5 represents excellent).

	Sessions	Quality	Duration	Participation
1				
2				
3				
4				
5				
6				
7				

8				
9				
10				
11				
12				
13				
14				

Comment on areas which need improvements (and if possible, how to improve): Optional

	Area Need Improvement	Suggestions for Improvement
1		
2		
3		
4		
5		
6		
7		
8		

Submit to Course organizer   **Submit**

1.1.20 Thesis Proposal

Thesis Proposal   **Form 1.1.20**

Thesis Proposal

Submit to Thesis Committee Head (portfolio 5.5)

Submit

Please only type information directly into this online form. Do **NOT** 'copy and paste' any text, boxes, bullet points, tables or any other items from a separate document into this form. Items copied and pasted from other sources will corrupt the final document that we receive and we will not be able to view what you have entered the form. If this happens, we cannot guarantee that your proposal will be accepted.

1.1.21 Thesis Supervision Meetings

Thesis Supervision Meetings   Form 1.1.21

To complete by Thesis Supervisor

Thesis Topic		Supervisor's Name	
	When	**Action**	**Date**
1	3rd shift	Introduction, literature review & methodology	
2	4th shift	Data collection & analysis	
3	5th shift	Results, discussion & finalization	

"Save" to add Topic name and Supervisor's name to Form 1.1.22 (Trainee's Thesis Details)

Save

1.1.22 Trainee's Thesis Details

Trainee's Thesis Details   **Form 1.1.22**

Automated Form

SMSB No.			إسم النائب
Topic		**Thesis Supervisor**	**Assessors**
Dates		**Date**	**Score**
Date: proposal received: (If received within the specified time = **20 points**, if not = zero)			
Date: approved by Research Committee:			
Date: approved by Ethical Committee:			
Date: completed thesis received: (If received within the specified time = **20 points**, if not = repeat the shift)			
Date: of assessment			

Date: of resubmission after 6 months (for Failed cases)		
Assessment result	**Action**	
Credit (30 points)	Completed & Passed	
Accepted (20 points)	Completed & Passed	
Failed (score Zero)	resubmission after 6 months	
Accepted after resubmission of failed cases (score Zero)	Completed & Passed	
Continuous update of Total score		

The score will be continuously updated in the ARCP (Field 1.1.7.19)

If the proposal or completed thesis is **not received within the specified dates,** the system will automatically enforce the following:

- The trainee must **repeat the shift** under the **same trainer**.

- This repeat placement will be recorded in the trainee's **Form 1.1.1 (Placements)**.

- The system will add Trainee's name to Form 5.4.2 & 13.4.2 (**Shift Repeaters Record)** in Training Committees ePortfolio & Page.

1.1.23 Publications

Publications   **Form 1.1.23**

Include below the details of publications in peer – reviewed journals.

Use Vancouver convention for references.

To fill by Trainee:

No.	Reference	Type*

* F = full – length research article; R = full – length review; A = abstract; L = letter; B = book review; O = other.

"Save" to add 20 points (for each publication) on the APCP (Field 1.1.7.18).   Save

1.1.24 Attendance Record

1.1.24.1 New training year reporting date.

1.1.24.2 Absence from Work.

1.1.24.3 Leaves.

New Training Year Reporting Date   Form1.1.24.1.

Trainees should be **released one week** before the training year ends, and they should **report** to the new trainer on the **1st day of their new placement.**			
Training Year	**1st day of the placement**	**Trainee reported to me on**	**Days of absence if any**
CST1			
CST2			
ST1			
ST2			
ST3			
ST4			

Click "Save" to add late reporting days to Absence from Work form **(1.1.24.2).**

Save

Absence from Work

Absence from work Regulations
• Absence **with permission**: This will be deducted from the annual leave days to maintain the training period.
• Absence **without permission**: This will be deducted from **both** the annual leave and the trainee's annual score.
• If a trainee is absent from work for a **total of ≥ 2 months/6-month shift** they should repeat that shift, **regardless** of the reason.
Note: Maternity cases can benefit from the total 8 weeks/ year of the annual, study and sick leave days.

With Permission (To be deducted from annual leave)				Without Permission (To be deducted from both annual leave & Trainee's annual score)				
CST1								
Placement No.	From	To	Number of Days	Placement No.	From	To	Number of Days	Absence Score (5 points for each day)
CST2								
Shift No.	From	To	Number of Days	Placement No.	From	To	Number of Days	Absence Score (5 points for each day)

SST								
Shift No.	From	To	Number of Days	Placement No.	From	To	Number of Days	Absence Score (5 points for each day)

Click "Save" to:

- **Add absence days (with and without permission) to annual leave in the Leaves Form below (1.1.24.3).**

- **Continuously update work absence score in the Learning Agreement (1.1.6.6)**

Save

Leaves

Allowed Leaves (can be divided)
• **Annual Leave (4 weeks)** • **Study Leave (2 weeks/ year)** • **Sick Leave (2 weeks/ year)** **Note:** Mandatory courses are part of the curriculum and are not included in the study leave.

Absence from work (with or without permission) should be recorded as annual leave

(If a trainee is absent from work ≥ 2 months/ Shift regardless of the cause, The trainee must repeat the shift under same trainer)

CST1

Placement No.	From	To	Number of days	المستشفى	إسم المدرب
Annual					
Total Annual Leave days at end of CST1					
Study					
Total Study Leave days at end of CST1					
Sick					

Total Sick Leave days at end of CST1				

CST2					
Shift No.	From	To	Number of days	المستشفى	إسم المدرب
Annual					
Total Annual Leave days at end of CST2					
Study					
Total Study Leave days at end of CST2					
Sick					
Total Sick Leave days at end of CST2					

SST1					
Shift No.	From	To	Number of days	المستشفى	إسم المدرب
Annual					
Total Annual Leave days at end of SST1					

Study					
Total Study Leave days at end of SST1					
Sick					
Total Sick Leave days at end of SST1					
SST2					
Shift No.	**From**	**To**	**Number of days**	المستشفى	إسم المدرب
Annual					
Total Annual Leave days at end of SST2					
Study					
Total Study Leave days at end of SST2					
Sick					

Total Sick Leave days at end of SST2					

SST3

Shift No.	From	To	Number of days	المستشفى	إسم المدرب
Annual					
Total Annual Leave days at end of SST3					
Study					
Total Study Leave days at end of SST3					
Sick					
Total Sick Leave days at end of SST3					

SST4

Shift No.	From	To	Number of days	المستشفى	إسم المدرب
Annual					
Total Annual Leave days at end of SST4					

Study					
Total Study Leave days at end of SST4					

Sick					
Total Sick Leave days at end of SST4					

"Save"

Save

If a trainee is absent from work ≥ 2 months/ Shift regardless of the cause, The trainee must repeat the shift under same trainer. The system automatically update:

- Forms 5.4.2 and 13.4.2 (Shift Repeaters Record), and Form 1.1.1 (Placements)

1.1.25 Leave Request

Leave Request   **Form 1.1.25**

Placement/ Shift No.	Start date	End Date	Number of days	Tick Type of Leave (Evidence must be provided))		
				Annual Leave	Study Leave	Sick Leave
Submit message to you Trainer						Submit
Trainer approval			Yes		Will be added to Form 1.1.3.3 (Leaves) - automated	
			No		Rejection message will be sent back to the Trainee (automated)	
Reason for rejection:						

1.1.26 Request for Out-of-Program and Training Resumption

Request for Out-of-Program and Training Resumption　　　　**Form 1.1.26**

Requires prospective approval from the National Specialty Training Committee (N-STC) at SMSB

غير مسموح بالتجميد أثناء السنة الأولى من التدريب

Out of Program (OOP) Request					
SMSB No.					**إسم النائب**
Date	**OOP Shift No.**	**Start Date**	**End Date**	**Reason**	
Submit message to you Trainer					**Submit**
Trainer Approval (Tick)		**Yes**		**No**	**Submit to N-STC Head**
N-STC Head approval		**Yes**		• **The system will update Form 5.4.1 (OOP Record), Form 1.1.1 (Placements) and Form 13.1.2 (Trainees' Allocation list)**	
		No		**Rejection message will be sent back to the Trainee with reason**	
Reason for rejection:					
Resumption of Training Request					

Trainee must submit this **message** to the Training Committee at least 2 weeks prior to the new shift			
Date	**OOP Shift No**	**New Shift Start Date**	
			Submit to Training Committee Head for Approval
Training Committee Head approval		**Yes**		**You will resume training as explained below**
		No		**Rejection message will be sent back to the Trainee with reason**
Reason for rejection:			

In case of Out-of-Program request approval:

The system will update Form 5.4.1 (OOP Record), Form 13.4.1 (OOP Record), and Form 1.1.1 (Placements)

In case of resumption of training approval:

- **Resuming at the Start of a New Training Year:**

  o The trainee will resume training at the hospital to which they were allocated at the end of the previous training year.

- **Resuming at the Second Shift of the Training Year:**

  o The trainee will resume training at the same hospital and under the same trainer as before the interruption.

1.1.27 Hospital Workload

Hospital Workload

Form 1.1. 27

	إلى		السنة التدريبية من
التخصص		مركز التدريب	المستشفى

Gynae Operation Number	
Minor	**Write numbers if performed And X if not performed**
1	ERPC	
2	D & C	
3	EUA & cervical biopsy	
4	Marsupialization of Bartholin's cyst	
5	Circumcision cyst	
6	Vulvar abscess	
7	Excision of vulvar lesions	
8	Minor cervical procedures	
9	Cervical cerclage	
10	Manual removal of placenta	
Total number of minor operations	
Intermediate	
1	Ectopic pregnancy	
2	Salpingectomy (hydrosalpinx or pyosalpinx)	
3	Ovarian cystectomy	

4	Pelvic floor repair (cystocele and or rectocele)	
	Total number of intermediate operations	
	Major	
1	Abdominal hysterectomy	
2	Vaginal hysterectomy	
3	Caesarian Hysterectomy	
4	Myomectomy	
5	Malignant ovarian cancer	
6	Malignant endometrial cancer	
7	Malignant cervical cancer	
8	Malignant vulvar cancer	
9	Vaginal repair of vault prolapse	
10	Abdominal repair of vault prolapse	
	Total number of major operations	
	Minimal invasive surgery (MIS)	
1	Diagnostic hysteroscopy	
2	Operative hysteroscopy	
3	Diagnostic laparoscopy	
4	Operative laparoscopy	
	Total number of MIS operations	
	Others (scoring as minor, intermediate or major)	
1		
2		
	Total number of other operations	
	Total number of all Gynae operations performed	

Accreditation Criteria:

- **A minimum of 250 annual gyn. operations must be performed.**

- **The annual gyn. operations score must be ≥ 25 points (one point should be awarded for every 10 operations performed).**

Type of Performed Gyn. Operation Scoring

Points are awarded based on the **type** of operation performed (not quantity)

Operation Category	Point Value per Type	Types Counted	Points Obtained
Minor operations (10 types).	1 point each		
Intermediate operations (4 types).	2 points each		
Major operations (10 types).	3 points each		
MIS (4 types).	2 points each		
Other types	as minor/ intermediate/ major		
Total Points Obtained			

Accreditation Criteria:

Type of performed Gyn. Operation Score must be ≥ 24 (indicates that all minor and intermediate procedures are completed, along with at least two major procedures).

Obstetrics

Deliveries	Numbers
Normal vaginal deliveries	
Breech vaginal deliveries	
Forceps deliveries	
Vacuum deliveries	
Total vaginal deliveries	
Emergency C.S.	
Elective C.S.	
Total Caesarean Section (C.S.)	
Total Deliveries (Vaginal & C.S.)	

Others	
Referral Clinics	
Antenatal Clinic patients	
Gyn. clinic patients	
Total Referral Clinic patients	
Confidential Enquiries	
Maternal Deaths number (to establish CEMD in the future)	
Perioperative Deaths number (within 30 days of a surgical operation) – to establish NCEPOD in the future.	

"Submit" for automated: **Submit**

1. Calculation of the average score on Form 10.2.1 on the Hospital Accreditation Requirements page.

2. Update score on (Forms 11.2.1, 11.2.2, 11.2. 3, and 11.2.4) on Hospital Ranking Page.

3. Add 10 points to the APCP (Field 1.1.7.1) for completing this Form.

1.1.28 Hospital General Physical Resources

Hospital General Physical Resources   **Form 1.1.28**

	إلى			**السنة التدريبية من**
	التخصص		**مركز التدريب**	**المستشفى**

STRUCTURE				
Essential	**Availability & Quality**			
	Good 3	**Average 2**	**Poor 1**	**Nil Zero**
1 Well-constructed Buildings				
2 Basic and Functional Infrastructure				
3 Cafeteria				
4 On call Resting Room				
5 Doctors Rest Room				
6 Trainee/ Staff Office				
7 Laundry				
8 Reception/ patient affairs				
9 Store/ Supplies Room				
10 Nurse office (station) – all wards				

1	Health Information Management System				
2	Infection Control Protocols				
3	Quality Control Protocols				

SPECIALITY SPECIFIC

Essential					
1	Emergency Department				
2	Ambulance Service				
3	Referral Clinics				
4	Blood Bank				
5	Diagnostic Radiology (Routine Imaging – X-ray & Ultrasound)				
6	Medical Laboratory (Routine Investigations)				
7	Pharmacy				
8	Physiotherapy				
Recommended					
1	Medical Laboratory (hormonal assay and microbiology)				
2	CCU (telemetry room 5 beds)				
3	Diagnostic Radiology (Advanced Imaging – CT ± MRI)				
4	HD, peritoneal dialysis				
5	HDU (5 Beds)				
6	ICU (8 beds)				
7	CATH lab				
8	Post – transplant clinic				
9	Renal unit				
10	Endoscopy & Bronchoscopy unit				

TRAINING FACILITIES

Essential					
1	Seminar Rooms				
2	Electronic Library				
3	Audio visual aids				
Recommended					
1	Skill lab				
2	Video-conference				
Total points of each grade					
Overall General Physical Resources Availability Score					
Essential General Physical Resources Availability Score					

Accreditation Criteria:

- **Total General Physical recourses availability score must be ≥ 63.**
- **Essential General Physical resources availability score must be ≥ 51 (signifying that at least 17 out of 21 essential items are present and of good quality).**

"Submit" for automated: | Submit |

1. Calculation of the average score on Form 10.2.2 on the Hospital Accreditation Requirements page.

2. Update score on (Forms 11.2.1, 11.2.5, 11.2. 6) on Hospital Ranking Page.

3. Add 10 points to the APCP (Field 1.1.7.2) for completing this Form.

1.1.29 Hospital Specialty-Specific Physical Resources

Hospital Specialty-Specific Physical Resources　　　　Form 1.1.29

السنة التدريبية من		إلى	
المستشفى		مركز التدريب	التخصص

Structure				
Essential **(these 9 structure items must be available)**	**Availability, Quantity & Quality**			
	Good 3	**Average 2**	**Poor 1**	**Nil Zero**
1　Antenatal beds (≥10)				
2　Gyn. beds (≥10)				
3　Labour ward delivery beds (≥ 2)				
4　Theatre rooms				
5　Referral clinic				
6　Emergency department				
7　Ultrasound scan clinic				
8　Family planning clinic				
9　Vaccination clinic				
Recommended				

1	Maternity Day care unit				
2	HDU				
3	Day Care surgery				
4	Neonatal care unit				
5	Skill lab				
6	Fertility service				
7	Fetal Medicine				
8	Oncology				
9	Colposcopy				
10	Urogynaecology and Fistula				

Labour ward

Essential

1	Spotlight for each delivery bed				
2	Suction machine				
3	Pinard				
4	Sonicates				
5	sphygmomanometer				
6	Stethoscopes				
7	Oxygen source				
8	Thermometer				
9	Glucometer				
10	Infusion pump for each delivery bed				
11	CTG for each delivery bed				
12	Ventouse (different sizes cups)				
13	Forceps (Wrigleys & Neville Barnes)				
14	Portable scan				
15	Baby resuscitator				
16	Emergency drugs and fluids				
17	Protocols				

Antenatal ward

	Essential				
1	Pinard				
2	Sonicates				
3	sphygmomanometers				
4	Stethoscopes				
5	Oxygen source				
6	Thermometers				
7	Glucometer				
8	Infusion pump				
9	CTG				
10	Emergency drugs and fluids				
11	Protocols				

Gynae ward

	Essential				
1	sphygmomanometers				
2	Stethoscopes				
3	Oxygen source				
4	Thermometers				
5	Glucometer				
6	Infusion pumps				
7	Emergency drugs and fluids				
8	Protocols				

Theatre

	Recommended				
1	Laparoscopy				
2	Hysteroscopy				
3	Cystoscopy				
4	Ligasure device				

Total points of each grade				
Overall Specialty-Specific Physical Resources Availability Score				
Essential Specialty-Specific Physical Resources Availability Score				

Accreditation Criteria:

- **Total Specialty-Specific Physical recourses availability score must be ≥ 135.**
- **Essential specialty specific resources availability score must be ≥ 114 (signifying that at least 38 out of 45 essential items are present and of good quality — the First 9 essential structural items must be included in the 38).**

"Submit" for automated: **Submit**

1. Calculation of the average score on Form 10.2.3 on the Hospital Accreditation Requirements page.

2. Update score on (Forms 11.2.1, 11.2.7, 11.2. 8) on Hospital Ranking Page.

3. Add 10 points to the APCP (Field 1.1.7.3) for completing this Form.

1.1.30 Hospital-Based Training Evaluation Form (TEF)

Hospital-Based Training Evaluation Form (TEF).   <u>Form 1.1.30</u>

The data will be entered into the National Training Database to enable long-term monitoring and continuous improvement of the specialty training at the hospital level.

السنة التدريبية من		إلى	التخصص	
المستشفى		مركز التدريب		

Hospital Evaluated Items	Good (3)	Satisfactory (2)	Poor (1)	Nil (0)
1. HOSPITAL PROCESS				
1	Initial departmental induction program				
2	Access to unit protocols/guidelines				
3	Early initial meeting with Assigned Educational Supervisor (AES)				
4	Effective assessment of your previous experience/competence				
5	Regular 3 monthly assessment of your training				
6	Multidisciplinary team working in unit				
7	Rehearsal of emergency drills				

	2. HOSPITAL RESOURCES and ENVIRONMENT				
8	Access to emergency and life-saving drugs				
9	Access to blood bank blood products				
10	Access to laboratory investigations				
11	Access to ICU				
12	Access to hospital's ambulance				
13	Doctor's rest room				
14	The on-call accommodation was of an acceptable standard				
15	The Hospital catering was of an acceptable standards				
16	Meals for doctors on duty				
17	Security and safety				
18	Incentive payments				
19	Access to library/librarian				
20	Suitable range of books/journals (include online access)				
21	Access to computers				
22	Access to internet				
23	Access to audiovisual aids				
24	Access to lecture/tutorial rooms				
	3. EDUCATIONAL PROGRAMME				
25	Overall quality of hospital teaching				
26	2 hours formal teaching per week?				

27	Adequate protected time for teaching				
28	Appropriate content of teaching				
29	Consultant presence at teaching				
30	Technical skills simulation training				
31	Effective audit sessions				
32	Effective journal review sessions				
33	Effective morbidity & mortality meetings				
34	Effective daily morning meetings				
35	Effective discharge clinics				
36	Effective Multidisciplinary team meetings				
37	Opportunity for you to present in-house				
38	Adequate time for self-directed learning				
39	you received the equivalent of half a day per week to allow for personal study, audit and research				
40	Study leave release for appropriate courses				
4. CLINIC- and WARD-BASED TRAINING					
41	Opportunity to discuss cases and demonstrate skills in clinics				
42	There is a post-acute take consultant ward round?				
43	Consultant teaching on ward rounds				
44	Multidisciplinary working on wards.				
5. THEATRE TRAINING (if applicable)					
45	Consultant teaching & training in the operating theatre				

46	Opportunity to operate				
47	Supervision / support in Theatre – elective work				
48	Supervision / support in Theatre – emergencies				
49	you only asked to undertake unsupervised procedures in which you had been trained				
50	Assessment of surgical skills by trainers				

6. PROFESSIONAL DEVELOPMENT					
51	Appropriate development of own independence in patient care				
52	Appropriate feedback about your performance				
53	Opportunity to develop administrative and management skills				
54	Communication/rapport with consultants				
55	Communication/rapport with fellow trainees				
56	Communication/rapport with nursing staff				
57	Communication/rapport with administration staff				

Hospital Evaluated Items	Strongly Agree (3)	Agree (2)	Ambivalent (1)	Disagree (0)
7. WORKING PATTERN & ROTA				
58 Rota allows team working continuity of care				
59 On call cell phone provided				
60 Rota organization allows me to easily attend training sessions				
61 I rarely miss training sessions to cover leave of colleagues				

#	Statement				
62	My schedule was tailored to my learning objectives				
63	I was able to attend RTC & SMSB sessions				
64	Theater, referral clinic & on call run on separate days				
65	appropriate responsibility for my level of training				
66	There was enough clinical work in the unit to support the number of trainees working there				
8. AUDIT AND RESEARCH					
67	I was able to undertake at least one audit project				
68	I received encouragement and support in undertaking clinical research				
69	My audit and research expectations were met in full				
9. EDUCATIONAL SUPPORT					
70	My educational supervisor was approachable if I needed advice				
71	My educational supervisor was supportive if I had a problem in training				
72	My educational supervisor was supportive if I had a problem in terms of medicolegal issues				
73	My educational supervisor was supportive if I had a problem in terms of security, safety, violence, or abuse from the co-patients				
74	My educational supervisor participated in effective appraisals				
75	My educational supervisor was adherent to the dates of the 3 monthly & end of shift assessments				
76	My Trainer was approachable				

77	My Trainer was a good teacher				
78	My Trainer was supportive				
79	My Trainer took part in regular and constructive appraisals				

10. BEHAVIOUR YOU MAY HAVE EXPERIENCED					
80	In this post, have you been subjected to persistent behavior by others which have eroded your professional confidence or self-esteem?				
	If you agreed or strongly agreed, which of the following has been the MAIN source of this behavior? (tick one only and only if this applies to you)	Manager	Nurse or midwife	Other Trainees	Consultant

11. RECOMMENDATIONS TO OTHER TRAINEES					
81	I would recommend this attachment to other trainees at the same level?				
82	I have enjoyed working in this hospital				
	Total points of each grade				

Total Score out of 246 points

Accreditation Criteria:

- **Hospital-Based Training Evaluation score must be ≥ 180 points out of 246.**

"Submit" for automated: **Submit**

1. Calculation of the average score on Form 10.2.4 on the Hospital Accreditation Requirements page.

2. Update score on (Forms 11.2.1, 11.2.9) on Hospital Ranking Page.

3. Add 10 points to the APCP (Field 1.1.7.4) for completing this Form.

1.1.31 Hospitals Priority List

Hospitals Priority List   **Form 1.1.31**

رغبات المستشفيات (يملأها النائب قبل نهاية الدورة بثلاثة أسابيع على الاقل)

يكتب النائب رغباته حسب الأولوية من القائمة المقابلة
يجب كتابة كل المستشفيات بالترتيب حسب الأولوية (وعدم كتابة البعض وترك البعض الأخر)

ترتيب المستشفى حسب جودة التدريب (الدورة السابقة) will be filled by the system	المستشفى	الرغبة حسب الأولوية	إسم النائب
SMSB No			
	الولادة أمدرمان		1
	إبراهيم مالك		2
	بحرى		3
	السلاح الطبى الخرطوم		4
	البان جديد		5
	سوبا		6
	السعودى		7
	سعد أبو العلا		8
	بشاير		9
	أمبدة		10
	التركى		11
	الأكاديمى		12
	الشرطة الخرطوم		13

	الأمل		14
	حاج الصافى		15
	على عبد الفتاح		16
	جبل أولياء		17
	أم ضوابان		18
	الصينى		19
	شرق النيل		20
	جايكا		21
	مدنى		22
	الحصاحيصا		23
	كوستى		24
	القطينة		25
	ربك		26
	رفاعة		27
	سنجة		28
	الدمازين		29
	سنار		30
	المناقل		31
	الدويم		32
	تمبول		33
	الشرطة مدنى		34
	بورتسودان		35
	القضارف		36
	كسلا السعودى		37

	حلفا الجديدة		38
	الفاو		39
	الأبيض		40
	النهود		41
	الفولة		42
	أم روابة		43
	كادقلى		44
	أبوجبيهة		45
	الفاشر		46
	نيالا		47
	الجنينة		48
	زالنجى		49
	الضعين		50
	شندى التعليمى		51
	شندى المك نمر		52
	الدامر		53
	دنقلا		54
	عطبرة		55
	السلام عطبرة		56
			57

Your ARCP Final Score will allocate you to the appropriate Hospital of your choice

Submit for automated allocation on Form 1.1.8 (My New Residency Year Allocation) and Form 13.1.2 Trainees' Allocation list

Submit

1.1.32 Disciplinary Action Form

Disciplinary action   **Form 1.1.32**

If unwanted behavior occurs, the AES will initiate an investigation and appropriate corrective action will be taken.

It is expected that the Trainee maintain a certain level of performance and comply with SMSB policies, procedures, and laws. Trainee disciplinary actions are corrective actions SMSB takes in response to a trainee failing to meet performance expectations or having behavioral problems.

The purpose of disciplinary action is to correct the behavior of the trainee while documenting the issues in case the problem arises again in the future

The goal is to correct poor performance or behavior by identifying the problems, causes, and solutions rather than punishing the trainee. There is a progressive disciplinary policy in place. That means that the corrective steps begin with the lowest severity and become increasingly severe when a trainee fails to correct the situation after being given an opportunity to do so.

Investigation Report	Date	
Matters investigated		
Facts of the case		

	Solutions		

	Disciplinary Action	**by whom**	**Date**
1	**A verbal warning**	**Educational supervisor**	
2	**A written warning**	**Educational supervisor**	
	Submit to Regional Training Program Director (TPD) for further action if required	**Submit**	
3	**Retraining**	**Regional TPD**	
	Submit to National Specialty Training Committee (N-STC) at SMSB for further action if required	**Submit**	
4	**Demotion (repeat the shift)**	**N-STC**	
5	**Termination: is the last option if the previous disciplinary actions do not achieve the desired outcome or a trainee has conducted an act of gross misconduct.**	**N-STC**	

The appeal process

If the Trainee is unsatisfied with the decision, he can initiate an appeal to the Training Appeal Board (TAB) at SMSB within 30 days of receiving the determination. The Board will conduct a hearing and will make a final decision regarding the penalty.

Appeal Request Form

Trainee's statement:

Submit to Training Appeal Board at SMSB	Submit
Training Appeal Board final decision	

"Save" If disciplinary action is taken, the system will automatically enforce the following: **Save**

- Add the Trainee to Form 5.4.4. (Disciplinary Actions Record).

- If demotion, The trainee repeat the shift under the same trainer. This repeat placement will be recorded in Form 1.1.1 (Placements) and the Trainee will be added to Forms 5.4.2 and 13.4.2 (Shift Repeaters Record).

- If training is terminated, the system will disable the Trainee's ePortfolio.

1.1.33 Application For Training Abroad

Application For Training Abroad   **Form1.1.33**

Application Criteria:

1. **Prospective Approval:**

   o **Must obtain prior approval from the National - Specialty Training Committee (N-STC) before commencing training abroad.**

2. **Training Duration and Recognition:**

   o **Permitted to train abroad with a recognized trainer in a recognized hospital for a maximum of two (2) years.**
   o **Each 6-month shift completed abroad will be counted in full; any period less than 6 months will not be counted.**
   o **The system will generate an SMSB number for abroad trainers who do not already have one.**

3. **ePortfolio Requirements:**

   o **The assigned trainer abroad must complete the trainee's ePortfolio in full.**
   o **The National - Specialty Training Committee (N-STC) will appoint one of its members as an Educational Supervisor (E.S.) to appraise the training through the Learning Agreement process.**

4. **Mandatory Courses**

   o **Must complete all mandatory courses either abroad or in Sudan.**
   o **Mandatory course scores will be applicable to the trainee's overall evaluation.**

5. **Thesis Work**

   o **May conduct thesis work abroad.**
   o **Thesis examination must be undertaken in Sudan, with the option for video conferencing if necessary.**

- o Thesis submission dates and scores remain applicable.

6. **Rejoining SMSB Training**

   - o Upon return, the last annual score obtained will determine the hospital allocation.

Training Abroad Prospective Approval Request

Each shift needs prospective approval; submit at least 4 weeks before shift ends.

SMSB No.				**إسم النائب**
Hospital address abroad			**Country**	
Trainer's name				**إسم المدرب**
Trainer's cellphone No.		**WhatsApp No.**		
Email		**Trainer's SMSB No. if available**		

Date	Shift No	Start Date	Finish Date	Reason

Submit to N-STC Head for approval		**Submit**

N-STC Head Approval	**Yes**		**Automated Message or Email to the Trainer for approval**
	No		**Automated message to Trainee with Reason**
Reason for rejection:			
Abroad Trainer Approval	**Yes**		• **A Trainer ePortfolio will be created for those without one, and trainees will be notified for approval.**

			• **Update Form 1.1.1 (Placements) and Form 13.1.2 (Trainees' Allocation list)**
	No		**Automated message to Trainee with Reason**
Reason for rejection:			