

Passing the ARCP

Successful portfolio-based learning





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By Samuel P. Dearman, Adam B. Joiner, Samantha Abbott and Damien Longson

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Foreword

Professor Jacky Hayden CBE

I was delighted to be invited to write the foreword for this book, which I hope will encourage many trainees to approach their learning with greater understanding and present themselves in the best light at the annual review of competence progression (ARCP).

Knowing how to maintain a portfolio as a useful record of learning and reflection can be difficult for any doctor new to specialty training, and understanding how to demonstrate learning through the portfolio to present at the ARCP can be particularly challenging. This slim volume describes the importance of collecting and collating information about a doctor's experiences so that the portfolio will easily demonstrate that the competencies expected for that period of training have been completed. It outlines the importance of reflection and how to write reflectively so that learning can be achieved and retrieved from daily experiences, and how to present materials in a logical manner. Chapter 3 is written as an interview with two key figures in the school of psychiatry in one deanery. Together, the interviewer, the head of school and the medical education manager describe how they use the information presented to them to judge whether or not a trainee is making adequate progress. The style enables the authors to identify many of the pitfalls for trainees approaching their ARCP.

This book will aid any medical trainee in their ARCP preparation and will be particularly useful for those training in psychiatry.



Preface

When we first decided to write this book, I was enthused and optimistic that we should be able to set out a framework for putting together a developmental portfolio that is logical and informative for the benefit of all psychiatric trainees, and indeed trainers. As a group, we want to pool perspectives and experience from training, administration and the ARCP panel, bringing together a coherent set of guiding principles. When I was a trainee, I often wondered whether the portfolio was a friend or an enemy. It is accepted that the portfolio, and ultimately the ARCP, requires a huge amount of work by trainees in terms of time, effort and planning. The successful portfolio can represent physical evidence of development over time, abilities and achievements. Equally, however, the portfolio is a source of anxiety and uncertainty for many trainees, especially when it comes to the ARCP. One of the difficulties is that there is no 'right' way to demonstrate competence and guidance has been sketchy. It is for these reasons that I am confident that this book is a useful guide for all trainees throughout their years in specialty training as well as being a reference material for trainers and educational supervisors.

Dr Samuel P. Dearman



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Abbreviations

ACE Assessment of Clinical Expertise

ARCP annual review of competence progression

CbD case-based discussion

CCT Certificate of Completion of Training
CRHT crisis resolution and home treatment
CPD continuing professional development

CT core trainee/training
CV curriculum vitae

DONCS Direct Observation of Non-Clinical Skills

GMC General Medical Council GP general practitioner

ILO intended learning objective

LETB local education and training board

mini-PAT mini Peer Assessment Tool
NHS National Health Service
PDP personal development plan
ST specialty trainee/training
WPBA workplace-based assessment



How to use this guide

This book is a guide and not a set of rules – there will be alternative approaches to organising and populating a portfolio. Across the UK different programmes will use different portfolios, in paper or electronic versions, allowing varying amounts of freedom in terms of structure and presentation. Throughout this book there are repeated references to planning, assessment, reflective practice, development and evidence. This is intentional, reminding the reader of the guiding principles underlying the successful negotiation of the ARCP. There is an emphasis on using the portfolio as a tool that catalogues evidence and drives learning, and because the portfolio will change and improve over time, some educationalists refer to it as a living document. However, it is equally important that the portfolio is readable and well structured.

The first chapters of this book provide the reader with an insight into the background of the present approach to psychiatric training and how the portfolio fits into this. Included are lessons learned following the first years of specialty training and the ARCP process, which includes perspectives from training, administration and the ARCP panel. The book then looks at the individual sections of the psychiatric training portfolio in some detail. Each chapter, as far as possible, aims to follow the same structure such that trainees can translate its content into a method of using the portfolio to communicate evidence of competence effectively. Chapters begin with basic principles, often followed by bullet points in the form of prompts or questions. The methods suggested are then applied to specific examples, where possible comparing good and less successful practice. Because there is no 'right' way to produce the portfolio, the hope is to illustrate the issues early in each chapter by use of examples and not simply to spoon-feed directives. Trainees can apply the basic principles and prompts to see why the examples are informative, or uninformative, and then use this as a framework to structure their own work.

If this book helps trainees develop a conceptual framework as to how to plan their learning according to curriculum competencies and structure their portfolio to follow training, making each section logical and informative, then it has achieved its goal.

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