

# **ARCP preparation document 2025**

Information collated by East Midlands ETC to support trainees in preparation for ARCP.

You may also find the following RCPCH webinar helpful:

[\\*NEW\\* RCPCH Webinar: Your 2024 ARCP – RCPCH Learning](#)

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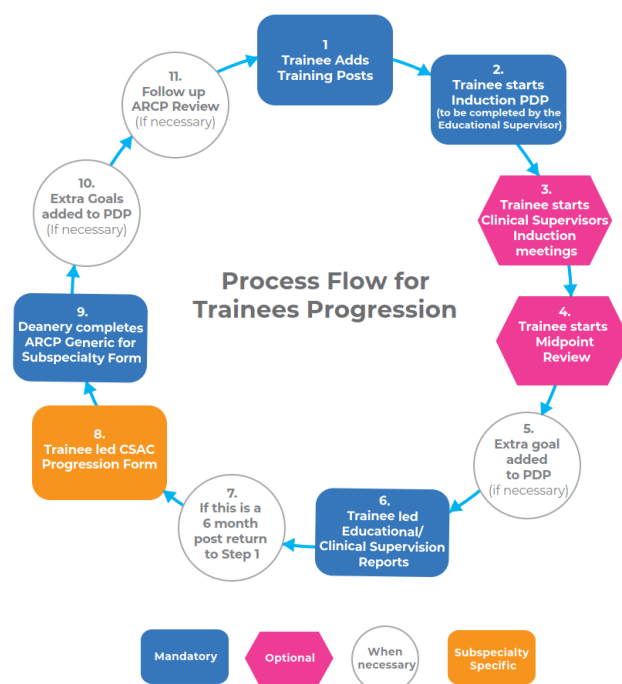
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# Process Flow for Trainees Progression through a post



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## 1. RCPCH assessment guides:

The following tables have been directly copied from RCPCH. For the most up-to-date guidance, please use the following link: [Assessment guide | RCPCH](#)

You may find it helpful to review your portfolio alongside the RCPCH “Preparing for ARCPs with Progress+” document: [https://www.rcpch.ac.uk/sites/default/files/2023-11/judging\\_learning\\_outcomes\\_at\\_arcp\\_v2\\_1.pdf](https://www.rcpch.ac.uk/sites/default/files/2023-11/judging_learning_outcomes_at_arcp_v2_1.pdf)

For Trainees “CCTing” before 15 September 2024 and therefore using Progress, this is the equivalent: [https://www.rcpch.ac.uk/sites/default/files/2018-06/judging\\_achievement\\_of\\_learning\\_outcomes\\_to\\_support\\_arcp\\_progression\\_decisions\\_2018.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-06/judging_achievement_of_learning_outcomes_to_support_arcp_progression_decisions_2018.pdf)

### 1.1. Core training (Progress+)

Supervised learning events

	ST1	ST2	ST3	ST4
<b>Mini-CEX and CbD</b>	No minimum requirement. Aim quality rather than quantity. Depth of learning also demonstrated by spread of development logs.			
<b>ACAT</b>	Optional			

	ST1	ST2	ST3	ST4
ECAT	1 ECAT for: Acute paediatric take, <b>or</b> Admission of term or pre-term baby to neonatal unit <b>Before being independent on tier 2 rota</b> Other ECATs: optional			Optional
HAT	1		1	
LEADER	Optional		1	
Safeguarding CbD	1	1	1	1
DOC	Optional			2

#### Assessment of Performance (AoP)

	ST1	ST2	ST3	ST4
DOPS	A minimum of 1 satisfactory AoP for each compulsory procedure before being independent on tier 2 rota			-
Trainer report (readiness for tier 2)	Completed trainer "readiness for tier 2" form before being independent on tier 2 rota - NB: this is a new form! - Must be completed and signed off by CS and ES - Includes use of ECAT			N/a
MSF	1	1	1	1

#### Other evidence required for ARCP

	ST1	ST2	ST3	ST4
Evidence	NLS/ APLS or equivalent before independent on tier 2 rota			Current resuscitation courses Safeguarding
Educational supervisor trainer report	1	1	1	1

#### MRCPCH exams

	ST1	ST2	ST3	ST4
MRCPCH theory exams	-	1-2 theory exams (desirable)	All 3 theory exams (essential)	-
MRCPCH Clinical exam	-	-	-	Essential

### 1.2. Guidance for new ST4, or ST5(C4) trainees moving to Progress+ Core

The link below goes through specific requirements for this trainee group during the transition to Progress+

### 1.3. Specialty training (Progress+)

#### Supervised learning events

	ST5 / ST6(S1)	ST6 / ST7(S2)	ST7 / ST8(S3)
<b>Mini-CEX and CbD</b>	No minimum requirement. Aim quality rather than quantity. Depth of learning also demonstrated by spread of development logs.		
<b>ACAT</b>	Optional		
<b>ECAT</b>	Optional for 2023-24		
<b>LEADER</b>	1	1	1
<b>Safeguarding CbD</b>	1	1	1
<b>DOC</b>	Optional		

#### Assessment of Performance (AoP)

	ST5 / ST6(S1)	ST6 / ST7(S2)	ST7 / ST8(S3)
<b>DOPS</b>	A minimum of 1 satisfactory AoP for each compulsory procedure within the relevant sub-specialty curriculum		
<b>Trainer report (readiness for tier 2)</b>	N/a		
<b>MSF</b>	1	1	1

#### Other evidence required for ARCP

	ST5 / ST6(S1)	ST6 / ST7(S2)	ST7 / ST8(S3)
<b>Evidence</b>	Accredited resuscitation course relevant to specialty pathway Safeguarding		
<b>Evidence (START)</b>		START	START PDP
<b>ESTR</b>	1	1	1

### 1.4. Competency progression

Can only happen at "gateway" points - ie ST3 (for independent working on tier 2 rota), ST4, ST5 (specialty) or CCT. First discuss with educational supervisor +/- TPD at the beginning of the placement so you can plan ahead what you will need to meet requirements. There is an application process that you will need to complete prior to ARCP - please email [England.assessments.em@nhs.net](mailto:England.assessments.em@nhs.net) to get application details.

Further info here - <https://www.rcpch.ac.uk/resources/paediatric-training-capability-based-progression>

## 2. Mandatory / highly recommended training

Mandatory Training (before independent on tier 2 rota):

- APLS / EPALS or equivalent
- NLS or equivalent
- Child Protection: Recognition and Response (CPRR), or equivalent
- Level 3 Safeguarding training

Highly recommended for demonstrating curricula capabilities:

- Teaching course / qualification
- Management/Leadership training: eLFH leadership modules, HEEM courses
- SCRIPT Modules: Core trainees advised to complete basic modules. Subspecialty trainees advised to complete modules relevant to their own learning needs.

### 2.1. Ideas for evidencing learning towards some “tricky” Key Capabilities

1. Domain 3 – procedures;
  - a. Specialty KC4 (consent for genetic and genomic testing): eLFH Whole Genome Sequencing consent training
  - b. Core: airway and IO can be done as a DOPS in a simulated environment. *RCPCH does not currently specify that this can or cannot be evidenced during a life support course, but facilitating DOPS during such a course would be at the course director’s discretion.*
2. Domain 5 – health promotion;
  - a. RCPCH toolkit <https://portal.e-lfh.org.uk/Component/Details/643987>
  - b. Specialty KC7 (pandemic preparedness): RCPCH measles update webinar [\\*NEW\\* RCPCH Webinar: Measles – an update \(28/02/2024\) – RCPCH Learning](#)
3. Domain 7 – patient safety & prescribing: RCPCH prescribing eLearning packages
4. Domain 9 – safeguarding: resources such as ALSG Child Protection in Practice can be helpful if you have done CPRR

NB: the above are just some suggestions – they are not essential but may be helpful. Please do share ideas for learning opportunities with your colleagues.

## 3. Top tips summary from East Mids 2024 and 2025 ARCPs

- Remember to show evidence of clinical governance , ideally on a yearly basis. Show what you did and learnt from the process. This could be audit, guideline or QI to name a few examples!
- Try and space the assessments throughout the training year. Look at the current RCPCH assessment grid for each level.
- Avoid using one piece of evidence /assessment for multiple key capabilities. It's Quality NOT Quantity.
- SCRIPT – highly recommended, a good way of evidencing domain 6 (prescribing and patient safety).

- Specialty level trainees - remember that you have 2 or 3 curricula to show evidence for. This includes the generic curriculum plus either a general paediatric or subspecialty curriculum; SPIN trainees will also have their SPIN curriculum. These both need to be completed for your CCT. SPIN doesn't need to be finished for your CCT.

# TIPS TO HELP YOU IN TRAINING FROM ARCPs 2025

The ARCP panels have provided some advice to support you in getting the best out of your training following our recent ARCPs.



## 01. Plan your posts

When thinking about your PDPs, it is important that they are SMART. Remember to look at the PDP goals and tag with the evidence when it's completed. This includes START PDPs.

Think about what key capabilities and evidence that is missing in your curriculum. Plan this within posts including any governance/ QI projects / presentations you want to get done.



## 03. Supervision meetings

Make sure you add **regular** evidence to your portfolio using **all** areas of the development log and undertake **regular** assessments through out the year. There is an ARCP deadline for a reason and evidence needs to be submitted before that date

## 02. PDP Goals



It is important to catch up with your supervisors regularly. At least the induction meeting, mid point review and end of placement for each post. This includes your longitudinal educational supervisor (ES) **and** your clinical supervisor (CS).



## 05. Tagging

In subspeciality training you have **two curricula and both need evidence**. SPIN training is an additional curriculum and **doesn't count for your CCT**.

## 04. Evidence



Avoid multi-tagging. Use **relevant** evidence and tag to **1-2 Key capabilities(KC)**. **It's Quality not quantity. Make sure your evidences directly relates to the KC you are tagging too.**



## 07. LTFT working and ARCP.

For ARCP you need to have a **one ESTR** and evidence of CS reports for **each** placement. **The CS trainer reports need to be completed before your ES report.** If your CS and ES is the same for your first placement you can complete a CS report plus end of placement ES discussion rather than 2 full ES-trainer ARCP reports. If not sure ask!

## 06. Curricula



Those working at LTFT, move through training slower than those at 100%. They don't move training grades at the same rate as someone working full time ie 80% FTE trainee moves grade after 15 months not 12 months.



## 09. middle grade readiness

This needs to be **discussed with your ES** and in **advance with your TPDS**. This happens at gateway points only as highlighted by the RCPCH. All correct evidence needs to be provided if wanting to capability progress.

## 08. Which supervisor form?



Your RCPCH tier 2 readiness form needs to be completed prior to moving to Tier 2. ECATs are needed and ideally have **one in neonates and one in paediatrics** as show different skills. **Remember to demonstrate other evidence of middle grade readiness**

## 10. Capability Progression



These are just a few pointers that the Paediatric school want to share so that you sail through your next ARCP and your next year of training!

#### **4. RCPCH FAQs**

[ARCP-FAQs-Final-04.03.2024-AFSAKLB-v.1.1.pdf \(rcpch.ac.uk\)](#)

The above document is an excellent source of FAQs that RCPCH have already responded to. Have a look here if you have any queries about the ARCP process.

#### **5. Progress+ merge issues?**

Some trainees have had difficulties with tags not migrating across properly. Our understanding is that a “fix” is being worked on. If you need to tag something manually, go to "curricula objectives and SPIN" on your timeline, click on "bulk tagging" and then apply tags to the events you want to link. If you are having any issues with doing this retrospectively, you can highlight the particular untagged curricula with the relevant SLE(s) with you ES (and include in the report). This would be important for items where a particular piece of evidence is needed to sign you off for that key capability, such as a DOP for IO access if you are a “core” trainee. ARCP reviewers will be aware of this issue.

The ARCP reviewers form has a mitigating circumstances box that can also be used to highlight tagging issues.

If you have any concerns about your portfolio’s ARCP preparedness, please discuss with your educational supervisor sooner rather than later.