

Evidence required for Annual Review of Competency Progression (ARCP)

Mandatory evidence

Failure to submit evidence summarised in this table and the Notes underneath will result in outcomes other 1 or 6

Evidence required	ST3	ST4	ST5	ST6
Workplace risk assessment	2	2		
First Aid assessments	1	1		
Health surveillance programme	1	1		
Environmental impact assessments		1		1
Health promotion programme				1
Clinical audits		1		1
Mini CEXs	4	4	4	4
SLEs- DOPS	4	4	4	4
MSFs	1	1	1	1
CBDs	8	8	8	8
Sail OH 1	2	2	2	2
Sail OH 2	2	2	2	2
Teaching			2	2
Management and clinical governance			1	1
Dissertation passed by FOM				1
MFOM part 1 passed or Dip Occ Med	1			
MFOM part 2 passed				1
Educational supervisor's report	1	1	1	1
GMC anonymous Trainee survey	1	1	1	1
Form R (A&B)- Reflection on practice if needed	1	1	1	1
CCT Calculator	1	1	1	1

Notes:

- 1- The numbers are absolute minimum and trainees are encouraged to submit more. For LTFT trainees, WPBA evidence are pro rata rounded up (please see table below).
- 2- Workplace risk assessment report should follow the principles suggested by the HSE (<https://www.hse.gov.uk/risk/faq.htm#q1>)
- 3- Health surveillance and health promotion programmes should be critically assessed including description of the programme, uptake, impact / evaluation where possible, strength and weaknesses and recommendations.
- 4- First Aid arrangement should be assessed for two separate organisations e.g. employing organisation and one other.
- 5- Environmental impact should be assessed for two separate organisations e.g. employing organisation and one other..
- 6- Evidence for dissertation and exams are FOM letter confirming pass.
- 7- For every complaint or SUI declared on Form R, a reflection on practice must be submitted.
- 8- Form R must cover full scope of medical practise. This includes paid, unpaid, voluntary work within or outside occupational medicine. Full scope means any medical practise including advisory role, attachment / observer etc.
- 9- For any work declared on form R, a statement should be submitted from a person with clinical governance responsibility for that role to confirm that there is no concerns or complaint about the trainee. Evidence of an appraisal in that role are acceptable alternative.
- 10- Other evidence may be requested by the ARCP panel including additional WPBA.

Pro-rata WPBA evidence for LTFT

	50%	60%	80%	FT
Mini CEXs	2	2	3	4
SLEs- DOPS	2	2	3	4
MSFs	1	1	1	1
CBDs	4	5	6	8
Sail OH 1	1	1	2	2
Sail OH 2	1	1	2	2

Additional evidence

Evidence summarised in this table are not mandatory however they are highly recommended.

Evidence required	ST3	ST4	ST5	ST6
Educational plan	1	1	1	1
Dissertation plan		1		
Patient survey		1		1
CPD return and associated evidence	1	1	1	1
Reflection on CPD / educational events attended	1	1	1	1
Training to be a Trainer				1

Notes:

- 1- An educational plan should be agreed with the ES at the start of each year including SMART learning objectives. The ES report should confirm whether the objectives for the year have been met.
- 2- The preferred evidence for dissertation plan is FOM letter of approval of the proposal. The alternative is an outline of the plan e.g. MSc or previous research.

Patient identifiable information must be redacted from all submissions.