

ANNUAL REVIEW OF COMPETENCE PROGRESSION PANEL A PROFORMA – Stage 1 Anaesthetics

Please complete all sections:

| PANEL DETAILS | | | |
|-----------------|--|---------------------|--|
| Date: | | GMC number: | |
| TRAINEE DETAILS | | | |
| Trainee: | | Training Grade: | |
| CCT Date/CESR | | LTFT (Yes/No and %) | |

| PAPERWORK REVIEWED | | | | |
|---|--|--|-------------------------------------|--|
| Reviewed, Yes/No: | | | Feedback to ES on quality of report | |
| Educational Supervisor's Report Post 1 | | | | |
| Educational Supervisor's Report Post 2 | | | | |
| Completed Report on Academic Progress (for Academic trainees) | | | | |

| Revalidation Paperwork | | | |
|---|--------------|---|--------|
| Form R: Significant Events, Complain | nts or Other | Investigations: | |
| Please review all sections of Form | R and indi | cate one section: | |
| Any concerns | | | Yes/No |
| Please note any issues if yes to the a | above: | | |
| Trainee was involved in an incident which is now resolved and they have reflected on in their LLP, we as a panel have no concerns regarding revalidation, this is agreed by their ES in their ESSR. | | | Yes/No |
| An incident is still outstanding in the unresolved section which will need to be reviewed at next panel. | | | Yes/No |
| If an unresolved event is indicated are not named in the investigation | | must be noted on outcome form unless they | |
| Any other comments: | | | |
| LEO & Host Trust Exit Reports This will be forwarded by the admin team if there is a report. Yes/No Any comments: | | 1 | |
| COVID Declaration Form Yes/No Any comments: | | | |

| Specialty Specific Paperwork (List Below): | Reviewed: | Comments/ Details: |
|---|-----------|-----------------------|
| Logbook Summary (to cover full ARCP period) | Yes / No | |
| MSF (1 per year + per ICU placement) | Yes / No | No Respondents: |
| Educational Activities/ CPD Summary (1 per ARCP period) | Yes / No | |
| Evidence of Reflective Practice | Yes / No | |
| MTR (1 per placement, min 1 per year) | Yes / No | |
| Placement Feedback (1 per placement) | Yes / No | |
| Research Summary (for trainees undertaking research only) | Yes / No | |
| Comments | · | |
| | | |

| | Passed | Date passed | No. of attempts if not passed |
|---|----------|-------------|-------------------------------|
| Primary MCQ | Yes / No | | |
| Primary OSCE / SOE | Yes / No | | |
| | | | Date completed: |
| Initial Assessment of Competence (IAC) | | | |
| Initial Assessment of Competence in Obstetric Anaesthesia (IACOA) | | | |

| DOMAINS OF LEARNING Generic Professional Domains | | | |
|---|----------|--|--|
| | | | |
| Professional Behaviours & Communication | Yes / No | | |
| Management/Professional/Regulatory Requirements | Yes / No | | |
| Team Working | Yes / No | | |
| Safety & Quality Improvement | Yes / No | | |
| Safeguarding | Yes / No | | |
| Education & Training | Yes / No | | |
| Research & Managing Data | Yes / No | | |

| Speciality Specific Domains | | | |
|---|---------------|--|--|
| Unit of Training | Completed: | Summary of Progress if HALO Incomplete | |
| Perioperative Medicine/Health Promotion | Yes / No | | |
| General Anaesthesia HALO | Yes / No | | |
| Obstetrics CCC Form (optional) | Yes / No / NA | | |
| Paediatrics CCC Form (optional) | Yes / No / NA | | |
| Regional Anaesthesia | Yes / No | | |
| Resuscitation & Transfer | Yes / No | | |
| Procedural Sedation | Yes / No | | |
| Pain Medicine | Yes / No | | |
| Intensive Care Medicine | Yes / No | | |
| Comments: | | | |
| | | | |
| | | | |
| | | | |

| Any other evidence seen but not documented above or comments? | | | |
|---|--|--|--|
| | | | |
| | | | |

All the following sections must be completed on the day of the ARCP

| ARCP Outcome | | |
|--------------------------------|---|-----------------------------------|
| Was this an Educational Review | Yes / No | |
| | 3, 10.1 and 10.2 the evidence for this out for exam failure please note which part is | |
| Outcome 2 | | |
| Outcome 3 | | Additional training time awarded: |
| Outcome 5 | | |
| Outcome 10.1 | | |
| Outcome 10.2 | | Additional training time awarded: |

| Outcome 6 (Please note future plans) | | |
|---|------|--|
| Grade at next rotation (if LTFT please confirm date) | | |
| Stage 1 Completion Date (if changed) | | |
| Revalidation statement for outcome form | | |
| Any comments | | |
| Date of next ARCP | | |
| Assessment Panel Proforma completed by: | Date | |
| Programme Issues/Positives to be highlighted to the Quality Team: | | |

When completed please return to:

MER - rachel.van-der-meer@hee.nhs.uk or NWN - kellie.lanigan@hee.nhs.uk