

## ANNUAL REVIEW OF COMPETENCE PROGRESSION PANEL A PROFORMA – Stage 2 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:	Comments	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, Complaints or Other Investigations:		
Please review all sections of Form R and indicate one section:		
Any concerns	Yes/No	
Please note any issues if yes to the 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.  <b>If an unresolved event is indicated concerns must be noted on outcome form unless they are not named in the investigation.</b>	Yes/No	
Any other comments:		
LEO & Host Trust Exit Reports <b>This will be forwarded by the admin team if there is a report.</b>	Yes/No	Any comments:
COVID Declaration Form	Yes/No	Any comments:

<b><u>Specialty Specific Paperwork (List Below):</u></b>	<b>Reviewed:</b>	<b>Comments/ Details:</b>
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		

	<b>Passed</b>	<b>Date passed</b>	<b>No. of attempts if not passed</b>
<b>Final Written</b>	Yes / No		
<b>Final SOE</b>	Yes / No		

<b>DOMAINS OF LEARNING</b>		
<b>Generic Professional Domains</b>		
<b>Domain</b>	<b>HALO Completed ?</b>	<b>Summary of Progress if HALO Incomplete</b>
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	HALO Completed:	Summary of Progress if HALO Incomplete
Perioperative Medicine/Health Promotion	Yes / No	
<b>General Anaesthesia HALO</b>          <ul style="list-style-type: none"> <li>• <i>Obstetrics CCC Form (optional)</i></li> <li>• <i>Paediatrics CCC Form</i></li> <li>• <i>Cardiothoracic CCC Form</i></li> <li>• <i>Neuroanaesthesia CCC Form</i></li> </ul>	Yes/ No Yes/ No Yes/ No Yes/ No	
Regional Anaesthesia	Yes / No	
Resuscitation & Transfer	Yes / No	
Procedural Sedation	Yes / No	
Pain Medicine	Yes / No	
Intensive Care Medicine	Yes / No	
Comments:		

<b>Any other evidence seen but not documented above or comments?</b>

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

ARCP Outcome			
Was this an Educational Review	Yes / No		
<p><b>PLEASE NOTE: For outcomes 2, 3, 10.1 and 10.2 the evidence for this outcome must be clearly documented below. If reason is for exam failure please note which part is outstanding.</b></p>			
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](mailto:rachel.van-der-meer@hee.nhs.uk) or NWN - [kellie.lanigan@hee.nhs.uk](mailto:kellie.lanigan@hee.nhs.uk)**