

ANNUAL REVIEW OF COMPETENCE PROGRESSION PANEL A PROFORMA – Stage 3 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. If an unresolved event is indicated concerns must be noted on outcome form unless they are not named in the investigation.	Yes/No	
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:
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
Final Written	Yes / No		
Final SOE	Yes / No		

DOMAINS OF LEARNING		
Generic Professional Domains		
Domain	HALO Completed ?	Summary of Progress if HALO Incomplete
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	
General Anaesthesia HALO	Yes / No	
Regional Anaesthesia	Yes / No	
Resuscitation & Transfer	Yes / No	
Procedural Sedation	Yes / No	
Pain Medicine	Yes / No	
Intensive Care Medicine	Yes / No	
Comments:		
Specialist Interest Area		
1	Yes / No	
2	Yes / No	
3	Yes / No	

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		
<p>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.</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 or NWN - kellie.lanigan@hee.nhs.uk