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| --- | --- | --- | --- | --- |
| **Date:** | **19.07.2018** | **LTFT? (Yes/No)** |  | |
| **Trainee:** |  | **Training Number:** | |  |
| **Specialties:** | **Intensive Care Medicine** | **Training Grade:** | |  |
| **Posts since last ARCP:** | | | | |
| **Is this an end of stage of training sign-off?**  If yes, all requirements must be met. If not, there must be evidence of progression towards requirements | | | | |

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| --- | --- | --- |
|  |  | Present/Comments |
| **Form R** | Within 3 weeks of the ARCP date? |  |
| Number of Time Out of Training days (TOOT) |  |
| Significant Event, Complaint or Investigation declared? |  |
| If yes, is there evidence of reflection? |  |
|  | Are there any educational concerns? |  |
|  | Are there any revalidation concerns? |  |
| **Competencies** | All signed off (turned green) at required level  Special Skills Module signed off (if undertaken) |  |
| **Top 30 cases** | 10 (5 per year) covered  2 each from Paediatrics, Cardiac and Neuro |  |
| **DOPS** | 10 of the procedures in curriculum (logbook)  15 DOPS |  |
| **Logbook** **Report** | https://logbook.mmacc.uk |  |
| **Airway Skills** | Logbook >30 intubations (15 per year) |  |
| **ES Reports** | Satisfactory for each placement |  |
| **MSF** | 1 per year |  |
| **Exams** | Pass Final FFICM |  |
| **Audit/QI Project** | 1 per year |  |
| **Teaching** | Evidence of formal teachingincluding feedback |  |
| **FFICM/Post-Exam Tutorials** | 80% attendance,  equivalent CPD undertaken for missed tutorials? |  |
| **Regional FFICM OSCE/SOE Exam Day** | Attendance mandatory |  |
| **CPD** | Annual report to include  M+M meetings: 4 per year, reflection on 1  Presentation at a Journal Club |  |
| **Reflection** | Evidence 1 piece clinical reflection per year (Do not need to see) |  |
| **Curriculum Vitae** | Up to date |  |
| **Placement Feedback** | GMC Survey  Feedback at ARCP or Quality Panel involvement |  |
| **Academic Report** | (Academic Trainees Only) |  |
| **Exam Progress** |  |  |
| **Additional Notes** | | |

Trainee Signature……………………………………………….. Date……………..

Educational Supervisor Signature………………………… Date……………..