

National Anaesthetic ARCP Checklist: 2021 Curriculum

ESSR This must be completed on the Lifelong Learning platform (LLP) with all the necessary evidence
 Must be commented on and signed off by Educational Supervisor (ES)
 Must be commented on and signed off by College Tutor (CT)

ESSR Navigation Section	Evidence Required
Overview	Dates should be the start and end of the period under review for the ARCP. Start date is the day following the end date set for the previous ARCP
	It is good practice to upload an updated CV each year. It is strongly recommended that a CV is included for an end of year ST6 ARCP
Placements in programme	Hospital placement or placements since last ARCP
Examinations	Completion date should be entered Exam pass confirmatory letter should be uploaded as evidence of pass Primary FRCA should be passed by end of CT3 Final FRCA should be passed by end of ST5
Milestones	This section should automatically populate with evidence if certificates are completed on the LLP. If certificates are completed on paper then these must be uploaded as documents
Personal Development Plan (PDP)	The purpose of a PDP is to set out learning objectives for the year of training. If these are included in the supervisor's meeting record then there is no requirement to do an additional PDP but it will be necessary to indicate where this evidence is. New objectives can be added to the PDP as they occur through the year
Logbook	The preferred format for recording cases is the LLP logbook. If the LLP logbook is not used then the RCoA approved dataset must be used to present: <ol style="list-style-type: none"> 1. A logbook of cases since the last ARCP 2. A cumulative logbook of cases from the start of core training
Supervisory meeting	Evidence of a minimum of three meetings per year. This could be: <ol style="list-style-type: none"> 1. Supervisor meetings completed on LLP 2. ESSR completed at end of placement

	<p>3. An uploaded document such as the School's own supervisor meeting form</p>
Review learning progress	<p>HALOs completed between the ESSR start and end date should appear here.</p> <p>Minimum required HALOs for stages of training:</p> <ol style="list-style-type: none"> 1. CT1 EPA 1 and EPA 2 2. CT2 EPA 3 and EPA 4 3. ACCS trainees should refer to ACCS checklist requirements 4. CT3 All Stage 1 HALOs completed 5. ST5 All Stage 2 HALOs completed 6. ST7 All Stage 3 HALOs completed. HALOs for SIAs
Supervised Learning Events	<p>SLEs completed during the ESSR start and end date should appear here</p> <p>Review Curriculum</p> <p>This should show the following activity:</p> <ol style="list-style-type: none"> 1. CT 1: Progress with Stage 1 capabilities ie evidence (SLEs, personal activities, personal reflections) across a number of domains both GPC and clinical 2. CT2: Some evidence in all Stage 1 domains with the exception of ICM if this has not been completed 3. CT3: All Stage 1 HALOs completed 4. ST4: Progress with Stage 2 capabilities ie evidence (SLEs, personal activities, personal reflections) across a number of domains both GPC and clinical. 5. ST5: All Stage 2 HALOs completed 6. ST6: Progress with Stage 3 capabilities ie evidence (SLEs, personal activities, personal reflections) across a number of domains both GPC and clinical. Evidence for SIAs if done in ST6 7. ST7: All Stage 3 HALOs completed. HALOs for relevant SIAs 8. All stages: Triple C forms for specialty areas such as cardiac, neuro, obstetrics and paediatrics if completed.
Multisource feedback (MSF)	<p>One MSF reflecting anaesthetic practice each year</p> <p>An additional MSF for ICM if completing a unit in intensive care medicine in the period under review.</p> <p>MSFs must have a minimum of 12 responses to be valid</p>
Multiple trainer reports	<p>A minimum of one MTR per year.</p> <p>MTRs also required for IAC, IACOA.</p> <p>MTRs recommended to support Triple Cs</p>

<p>Non-clinical activities</p>	<p>Evidence here supports the requirements of the Generic Professional Capability domains. Detailed lists of examples of evidence can be found in the Assessment Guidance document or within the LLp.</p> <p>Personal activities will appear here if 'Activity type' is selected when completing the activity on the LLp</p> <p>Personal activities should also be linked to capabilities when being entered on the LLp</p> <p>Evidence of involvement with an audit or quality improvement project is essential. This can include involvement with national or regional projects for example NAP or SNAP studies.</p> <p>Continuing significant involvement such as a leading role with a longer-term project may count depending on the project.</p> <p>The level of involvement at different stages of training should reflect the requirements of the High Level Learning Outcome for the Safety and Quality Improvement domain for that stage.</p> <p>The A-QIPAT can be used to document involvement in QI projects.</p> <p>Compliance with mandatory training is a Trust and national requirement but it is not a requirement for ARCP evidence.</p>
<p>Absences</p>	<p>This should include sick leave, parental leave, compassionate leave and leave for military duties if applicable</p>
<p>Form R (Eng, Wales, NI) or SOAR (Scotland) Revalidation document</p>	<p>This document should be uploaded to the LLP</p> <p>This should cover all work done</p> <p>Any involvement with a Serious Incident must be recorded on this document. It must also be discussed with an educational supervisor and be reflected upon.</p>
<p>Details of any concern</p>	<p>If there have been no concerns or investigations put <i>NONE</i></p> <p>If there have been concerns or investigations ensure that details go on Form R/SOAR and put <i>THESE HAVE BEEN RECORDED ON FORM R/SOAR</i></p>
<p>Comments</p>	<p>Learners comments should be completed reflecting on progress since the last ARCP and aspirations for the coming year</p>
<p>Reflective practice</p>	<p>The RCoA position on reflection is:</p> <p>Reflection can be done on positive as well as negative events. It is equally important to learn from excellence, as it is from errors.</p> <p>Some Schools of Anaesthesia have extra requirements for a defined number of reflections to be included in trainee portfolios. Neither the College nor the GMC specify a fixed number of reflections, in order to progress in training. We ask these Schools to consider the necessity for their extra ARCP requirements, to be sensitive to the concerns of trainees, and to guide them in achieving the necessary standard.</p> <p>In keeping with the AoMRC/CoPMED statement on reflection, we recommend that documentation of reflective practice focuses on understanding of what has been learnt, and any resultant action, rather than on factual accounts of events.</p> <p>Useful and valid reflection may be undertaken verbally with a supervisor. It is recommended that the supervisor should document that</p>

	<p>discussion with reflection on an event has taken place, and that the trainee has demonstrated insightful learning. The demonstration of capability to reflect is the key point that should be recorded.</p> <p>There is no requirement for a set number of reflections</p> <p>There must be evidence of reflection as written in the Educational Supervisor's comment.</p> <p>Written reflections can be linked to clinical and non-clinical activities as personal reflections but it is not mandatory for any specific reflections to be recorded.</p>
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