

National Anaesthetic ARCP Checklist 2021 curriculum: Guidance for Educational Supervisors

Completion of ESSR for ARCP

| ESSR Navigation Section | Comment |
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| 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 recommended that it is good practice to maintain an up to date CV and strongly recommended that a CV is included for an end of year ST6 ARCP This is done via trainee profile |
| Placements in programme | Hospital placement or placements since last ARCP Ensure that these are correct |
| Examinations | Ensure that the dates are correct Exam pass confirmatory letter should be uploaded as an activity Primary FRCA should be passed by end of CT3 Final FRCA should be passed by end of ST5 |
| Milestones | Check dates are correct Old certificates completed on paper should be uploaded into certificates section |
| 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 Comment on case numbers, case mix and supervision with respect to the units completed |

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| Supervisory meeting | <p>Evidence of a minimum of three meetings per year.</p> <p>This could be:</p> <ol style="list-style-type: none"> 1. Supervisor meetings completed on LLP 2. ESSR completed at end of placement 3. An uploaded document such as the School's own supervisor meeting form |
| Review learning progress | <p>HALOs completed between the ESSR start and end date should appear here.</p> <p>Minimum required units 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 <p>Comment on progress with HALOs</p> |
| Supervised Learning Events | <p>SLEs completed between 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 <p>Comment on the engagement with learning as demonstrated by the SLEs.</p> <p>SLEs should show progression over the period of training covered by the ESSR. Progression can be gauged by reviewing supervision levels.</p> |
| 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> |

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| | <p>MTRs also required for IAC, IACOA.</p> <p>MTRs recommended to support Triple Cs</p> <p>Comment on the trainer reports.</p> <p>Comments may also be added that arise from discussion in assessment faculty meetings if deemed appropriate</p> |
| Non clinical activities | <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>This section will also include personal activities if the trainee has associated an 'Activity type' on the LLp.</p> <p>Involvement in at least one audit or quality improvement project per stage of training is essential. This can include involvement with national or regional projects for example NAP or SNAP studies. 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>It is expected that trainees are engaged in quality improvement activity and that the level of involvement increases with each stage of training.</p> <p>The A-QIPAT can be used to document involvement with projects.</p> <p>Documentary evidence of annual involvement in clinical governance activity will be required.</p> <p>Compliance with mandatory training is a Trust and national requirement but it is not a requirement for ARCP evidence.</p> |
| Absences | <p>This should include sick leave, parental leave, compassionate leave and leave for military duties if applicable</p> |
| Form R (Eng, Wales, NI) or SOAR (Scotland) Revalidation document | <p>This document should be uploaded to the LLP</p> <p>This should cover the trainee's whole scope of practice</p> <p>Any involvement with a Serious Incident must be recorded on this. The trainee must discuss SI involvement with their ES and reflect upon it.</p> |
| Details of any concern | <p>The following questions must be asked</p> <ol style="list-style-type: none"> 1. Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/Significant Event Investigation or named in any complaint? 2. If so, are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct? <p>Comment in this section must include that where appropriate reflection has taken place, learning needs have been identified and that the trainee has demonstrated insightful learning.</p> <p>This may be a useful time to enquire about any welfare issues concerning the trainee and to ask if they require extra support such as that available from Professional Support Units</p> |
| Comments | <p>This should be an overview of the trainee's progress through the year.</p> <p>Give examples of excellence.</p> |

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| | <p>Note if there have been any concerns.</p> <p>Comment on activity in both the clinical and Generic Professional Capability domains</p> <p>Comment on reflective practice</p> <p>Comment on the discussion of the potential ARCP outcome. This is essential if the outcome is likely to be unsatisfactory.</p> <p>Summarise the main activities to concentrate on in the coming year and add short- and long-term plans</p> <p>College tutor's comments might include a summary of ESSR and agreement or disagreement with ES's comments.</p> |
| <p>Reflective Practice</p> | <p>There is no requirement for a set number of reflections, but the trainee must provide their ES with evidence that they are a reflective practitioner, and that they are able to learn from excellence as well as errors.</p> <p>This may be undertaken verbally.</p> |