

HENW – Mersey Programme – ARCP Check List

To be completed and emailed to TPD no later than 2 working days before ARCP Date

Trainees Name:

Current year of training:

NTN:

Date:

ARCP Essential Item	Uploaded on Life Long Learning Yes / No	Document title / location as it appears on Life Long Learning (Exact Text Please)
Form R parts A&B		
Up to date CV		
Logbook summary covering ONLY the year of training being assessed		
CPD Summary with CPD points		
Audit and Clinical Governance summary		
Up to date MSF – Note that a minimum acceptable is 10 (9 will be rejected)		
Consultant feedback summaries		
End of placement / interim reports (ESSR) from all placements during the year being assessed		
Evidence of Clinical Reflection		
Evidence of Educational Reflections (on majority of educational activities)		
If not attending: 300 word reflective summary of the year being reviewed highlighting achievements and aspirations for the coming year		
Please complete feedback for all the hospitals that you have been allocated to this training year and take a 'screenshot' of the final page of each survey to upload to your e-portfolio		

Please see next page for further details:

Guidance for organising your LLP portfolio:

The panel would highly appreciate if you could use the following format when you prepare your documents for ARCP, this is to facilitate the process for the panel and to prepare you for what you will be doing when you become a consultant:

1. Upload a nicely laid out and up to date CV on LLP
2. Upload a logbook SUMMARY covering the year of training being assessed (NOT YOUR ENTIRE LOGBOOK OR SEPARATE LOGBOOK PER PLACEMENT). Please name the file using the format "Logbook ST5"
3. Upload a CPD summary, summarising your educational activities with CPD points awarded per activity with a running total. This should include local departmental meetings, M&M and audit meetings. Please name the file using the format "CPD summary ST5"
4. Upload an Audit and Clinical Governance summary, summarising your involvement, meeting attendance and any completed or ongoing projects with dates. Please name the file using the format "Audit and Clinical Governance summary ST5"
5. Ensure that there is an up to date MSF on LLP - you only need one MSF per training year.
6. Consultant Feedback Summary: at the end of every placement we expect a feedback summary from a number of consultants in the department prepared by your ES at the placement (placements 1m or less excused.) Please name the file using the format e.g. "Consultant Feedback Summary ST5 Whiston"
7. PDP: This is really the record of your interaction with your ES. Therefore, it should have a title of "ST4 – RLUH". The objective is the why (and you should know why you're doing anything listed e.g. fulfil academic requirements of curriculum), the action is how (pass Final FRCA), the resources required are the what and when (attend MAFIT 1, 2 or 3) and the measurement is the outcome (exam pass).
8. Ensure that there is an ESSR on LLP from EVERY hospital you have been to during the year of training being reviewed. This will be at end of placements and also the current post (unless only just arrived there). Placements 1m or less are excused as long as detailed comments on CUT form.
9. Evidence of reflection: According to the GMC guidelines, all doctors should keep a record of reflective practice. This needs to cover two aspects of our

practice, reflection on educational activities (courses, meetings, etc.) and clinical reflection on significant events, interesting clinical cases and critical incidents.

10. Feedback from Placements – Please complete feedback for all the hospital allocations that you have had in this training year. The link for this is <http://mmacc.uk/data/index.php/545614> . Please take a ‘screenshot’ of the final page of each survey to upload to your e-portfolio as “Placement Feedback Aintree” (or wherever you have been) a separate survey is required for each hospital.
11. If you asked for study leave time for SPA or to Teach on courses, YOU MUST ensure that there is FEEDBACK from the people you taught, FEEDBACK from a senior person supervising you and a REFLECTION

Please note, you can have an ESSR containing ALL of the above documents / information if you and your ES are happy to complete. However, the most important aspect of the process is ensuring all of the above is available on LLP and easy to find. Furthermore, the above is merely a checklist, the ARCP outcome will be decided after reviewing the evidence on LLP and after the panel discussion on the day.

Guidance for writing reflections:

1. Keep reflective notes, as fully anonymised as possible. Other practitioners, patients, parents and staff should not be named or be readily identifiable from the information you provide. For example, instead of referring to patient Jane Smith, refer to them as patient X. Never include the patient ID number or name. Avoid including date of birth (if necessary refer to the patient’s approximate age), addresses or any unique condition or circumstance of that patient which may allow someone to identify them when used in conjunction with other information they have access to. Occasionally it will be unavoidable as the condition of a particular patient will be unique, but try and minimise the patient identifiable information that you provide.

2. Word the reflective notes in terms of:

a. Brief Description: what are you reflecting on? Outline the circumstance in general terms. Ensure that you anonymise data. You can describe a situation without including identifiable data. For example use ‘patient x’ or ‘Dr S’ instead of names or patient numbers.

a. Feelings: what were your reactions or feelings to the event in general? Try not to be judgemental, both to yourself and others, particularly when your reactions and feelings are still raw.

b. Evaluation: what was the outcome? What was good and could have been done differently about the event?

c. Analysis: what have you learnt? What steps will you now take on the basis of what you have learnt? – This is the most important section and will allow the other sections to be brief, generic and unidentifiable. This section will demonstrate both the learning outcome and reflection.

d. Take advice from a senior, experienced colleague when writing reflection about cases that may be contentious or result in an investigation

Most importantly, e-Portfolios are an educational tool and not a medical record. It is important that trainees and trainers continue to participate openly and meaningfully with the appraisal process by continuing to use e-Portfolios for genuine and detailed reflection that adds value to learning. However, this should be done without including patient identifiable or personal data. In the event you are referred to the GMC (a rare event, but more likely than a criminal prosecution), they will want to see evidence of reflection. Good reflective learning will support you.

Over emotional reflections, written in the heat of the moment should be avoided, as should criticism of others or discussion of personal differences.

If you are unfortunate enough to be involved in an incident with a serious outcome, it is helpful to set out the narrative on paper immediately so that the events are recorded while still fresh in your mind, but formally documented reflection is probably better done after some consideration.

The vast majority of SUIs in which trainees were involved had little to do with the anaesthetic input and being judgemental about the action of others is inappropriate. However, I think that it is very important to be honest and if you think that you have made a mistake or an error(s) of judgement, admitting and accepting that is a vital part of the learning. Trying to avoid responsibility for bad decisions or denying the possibility that they may have been incorrect is a far more damning indictment of poor professional behaviour than accepting that, with the benefit of hindsight, you may have made or did make a poor decision. The GMC will take a very dim view on anyone demonstrating a lack of insight into poor professional practice. Most people accept that errors in medical practice do occur but complain far more vociferously when they are not admitted and/or no apology given. Error is an inevitable part of human behaviour and why it is vital to be a member of a defence society when major error does very occasionally occur.

Good reflective writing is difficult and can take a lot longer than anticipated but the best is very insightful not only about the event and the learning from it but also the individual involved. It is assumed that everyone knows how to do it but few actually do it well so take advice from those around you (particularly those with formal educational qualifications) because it is an increasingly important part of both trainee and consultant appraisal.