*Link to creating email with above recipients:* Mersey *and* NWN

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| **Date:** |  | **LTFT? (Yes/No)** |  |
| **Trainee:** |  | **Training Number:** |  |
| **Specialties:** |  | **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 |

|  |  | **Present? Comments** |
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| **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? |  |
| **Curriculum Coverage**   | Satisfactory evidence of progression to achieve/maintain relevant capability level in all HiLLOs *In practice this is a completed LOC form for all HiLLOs relevant to stage of training. The appropriate capability level to be attained for each stage of training is outlined in the Training Progression Grid (currently P5 of the* [Assessment Guidance](https://www.ficm.ac.uk/sites/ficm/files/documents/2021-10/icm_curriculum_v1.0_-_assessment_guidance.pdf)*).*  |  |
| **Logbook procedures (could be built into the report from the MMACC logbook)** | Procedures log with numbers relevant to stage of training/experience including a log of airway procedures relevant to stage of training/experience as agreed with ES. Evidence of maintenance of procedural skills. |  |
| **WPBA/SLEs** | No specific minimum numbers, however a good spread and feedback/reflection on each one will assist Educational Supervisor in more easily evidencing/completing capability levels/LOC forms.  |  |
| **ES Reports** | Satisfactory for each placement-**essential**  |  |
| **MSF** | 1 per placement (curriculum 1 per year) |  |
| **MCR** | 1 per placement - trial for now |  |
| **Audit/QI Project** | Significant involvement 1 per year – will form part of evidence for HiLLO 2 |  |
| **Teaching** | Evidence of formal teachingincluding feedback – will form part of evidence for HiLLO 4 |  |
| **FFICM/Post-Exam Tutorials** | 80% attendance, evidence of equivalent CPD undertaken for missed tutorials |  |
| **Regional FFICM OSCE/SOE Exam Day** | Attendance assisting Stage 2 trainees for exam preparation |  |
| **CPD** | Annual CPD summary present and includes,M+M meetings: 4 per year, reflection on 1 Presentation at a Journal Club, see MMACC for template.  |  |
| **Reflection** | Evidence of clinical reflection per year (do not need to see)  |  |
| **Curriculum Vitae** | Up to date |  |
| **Placement Feedback** | GMC SurveyFeedback at ARCP or Quality Panel involvement |  |
| **Academic Report** | (Academic Trainees Only) |  |
| **Exam Progress** |  |  |
| **Additional Notes/Covid issues and adjustments.** |

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

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

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| **Requirements for year of Complementary Anaesthesia** | **Signed off?** |
| We would suggest a SLE, reflection and a personal activity in each area. This would be a minimum and will be up to your anaesthesia supervisor to fully establish with you.You need to demonstrate HiLLO domains as well as completing the Anaesthesia HiLLO. The specific areas in the anaesthesia HiLLO are detailed below: |  |
| Conduct comprehensive pre-anaesthetic and pre-operative checks  |  |
| Demonstrate knowledge of anatomy, physiology, biochemistry and pharmacology relevant to anaesthetic practice  |  |
| Describe the functioning principles of standard equipment used within anaesthetic practice and understand the physical principles governing the operation of such equipment and the clinical measurements derived from them  |  |
| Pre-operatively assess ASA 1-3 patients’ suitability for anaesthesia, prescribe suitable pre-medication and recognise when further investigation or optimisation is required prior to commencing surgery and adequately communicate this to the patient and their family (will also encompass HiLLO 7-preoperative resus, as well as health promotion) |  |
| Safely induce anaesthesia in ASA 1-3 patients and recognise and deal with complications associated with the induction of anaesthesia  |  |
| As a member of the multi-disciplinary theatre team, maintain anaesthesia for the relevant procedure, utilise appropriate monitoring and effectively interpret the information it provides to ensure the safety of the anaesthetised patient  |  |
| Recognise anaesthetic critical incidents, understand their causes and how to manage them  |  |
| Safely care for a patient recovering from anaesthesia and recognise and treat the common associated complications whilst providing appropriate post- operative analgesia (pain assessments) (including that via regional and neuraxial blockade), anti- emesis and fluid therapies  |  |
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| Provide urgent or emergency anaesthesia to ASA 1E and 2E patients requiring non-complex emergency surgery  |  |
| Identify patients with difficult airways, demonstrate management of the ‘cannot intubate cannot oxygenate’ scenario in simulation, and be familiar with difficult airway guidelines. Includes completion of initial airway competencies. |  |

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| **Presentations to be covered during year of Complementary Medicine**  | **Evidence?** |
| Multiple WBAs (ACAT, CBD, Mini-CEX, DOPS, Portfolio evidence of self study eg eLH, ES report, MSF, Simulation) and a personal activity in each area. This would be a minimum and will be up to your medical supervisor to fully establish with you.You need to demonstrate progress in all HiLLO domains an completion of the HiLLO for ‘medicine (ward based care’ |  |
|  Be able to manage an acute unselected take  |  |
| Manage an acute specialty-related take  |  |
| Be capable of providing continuity of care to medical in-patients, including management of comorbidities and cognitive impairment  |  |
| Know how to manage patients in an outpatient clinic, ambulatory or community setting (including management of long-term conditions)  |  |
| Have the ability to assess and treat medical problems in patients in other specialties and special cases  |  |
| Have the ability to assess and treat medical problems in patients in other specialties and special cases  |  |
| Make an active contribution to the functioning of a multi-disciplinary clinical team including effective discharge planning  |  |
| Deliver effective resuscitation and manage an acutely deteriorating patient  |  |
| Care for patients who require end of life care as well as those who require palliative care.  |  |

**For Panel Chair only – for revalidation section on ePortfolio ARCP outcome form**

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| **Form R Section** | **Copy and paste required section to ARCP outcome form, revalidation section or comments** |
| **No concerns** | **No concerns on Form R or portfolio.** |
| **Section 4 2)** | **Unresolved incident from last ARCP now resolved and reflected on, no concerns.****If concerns, please note.** |
| **Section 4 3)** | **Unresolved incident not resolved since last ARCP reflected on but investigation still open.****If concerns, please note.** |
| **Section 5 2)** | **New incident since last ARCP, resolved and reflected on, no concerns.** **If concerns, please note.** |
| **Section 5 3)** **\*** | **New incident since last ARCP. Unresolved but reflected on. No concerns but investigation ongoing.****If concerns, please note.** |
| **\*** | **Exception report reviewed by panel and declared on Form R, resolved, reflection reviewed. No concerns.****Exception report reviewed by panel and declared on Form R, remains unresolved, reflections reviewed. No concerns, investigation still ongoing.****If concerns, please note.** |
| **No Form R** | Form R has not been submitted; panel cannot be satisfied there are no revalidation concerns (outcome 5) |

\* Note for outcome form: Revalidation must be yes for concerns until investigation is closed