Educational Supervisors: Please complete this proforma prior to the ARCP and ensure the trainee uploads a copy to their e-portfolio. **This form is to be signed by both the trainee and educational supervisor**.

The fully completed form is to be e-mailed to the following:

**NWN:** [emily.shardlow@nhs.net](mailto:emily.shardlow@nhs.net); [ajmaleusuf@hotmail.com](mailto:ajmaleusuf@hotmail.com); [kenneth.mcgrattan@lthtr.nhs.uk](mailto:kenneth.mcgrattan@lthtr.nhs.uk)

**MER:** [ajmaleusuf@hotmail.com](mailto:ajmaleusuf@hotmail.com); [p.jeanrenaud@nhs.net](mailto:p.jeanrenaud@nhs.net); [tom.williams@nhs.net](mailto:tom.williams@nhs.net)

Link to creating email with above recipients:[Mersey](mailto:ajmaleusuf@hotmail.com%3B%20p.jeanrenaud@nhs.net%3B%20tom.williams@nhs.net?subject=ICM%20ARCP%20Proforma)and[NWN](mailto:emily.shardlow@nhs.net%3B%20ajmaleusuf@hotmail.com%3B%20kenneth.McGrattan@lthtr.nhs.uk?subject=ICM%20ARCP%20Proforma)

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

|  |  |  |
| --- | --- | --- |
|  | | **Completed / Comments** |
| **Form R** | Completed within 3 weeks of the ARCP date? |  |
| Number of Time Out of Training days (TOOT) documented? |  |
| Significant Event, Complaint or Investigation declared? |  |
| If yes, is there evidence of reflection? |  |
| Are there any educational concerns? |  |
| Are there any revalidation concerns? |  |
|  | | **Completed / Comments** |
| **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: four per year, reflection on one.  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 Survey.  Feedback at ARCP or Quality Panel involvement. |  |
| **Academic Report** | Academic trainees only. |  |
| **Exam Progress** |  |  |
| **Additional Notes** | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Signature** |  | **Date** |  |
| **Educational Supervisor Signature** |  | **Date** |  |

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

|  |  |
| --- | --- |
| **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