



Royal College of Anaesthetists

National Anaesthetic ARCP Checklist

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
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 3. An uploaded document such as the School's own supervisor meeting form
Review unit progress	CUT forms completed between the ESSR start and end date should appear here. Minimum required units for stages of training: <ol style="list-style-type: none"> 1. CT1 (Anaes) Introduction to anaesthesia 8 units, IAC 2. CT2 (ACCS) Introduction to anaesthesia 8 units, IAC and ICM 3. CT2 (Anaes) CT3 (ACCS) All core units, IAOC 4. ST4 All intermediate units including optional ones if available 5. ST7 All essential higher units, one year of advanced training units, domains 1-6
Workplace based assessments	WPBAs completed during the ESSR start and end date should appear here

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>	
Consultant source feedback	<p>Summary of consultant feedback to be provided by College Tutor</p>	
Non-clinical activities	<p>Evidence here supports the requirements of Annexes A and G</p> <p>There must be some evidence entered in each domain for each ARCP.</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>Compliance with mandatory training is a Trust and national requirement but it is not a requirement for ARCP evidence.</p>	
	Non clinical category	Examples of evidence to include
	Academic and research	<p>Research methodology courses</p> <p>Publications</p> <p>Presentations</p> <p>Data collection for national studies</p> <p>Good Clinical Practice certificate</p> <p>Research meeting attendance</p> <p>Journal club attendance</p> <p>Prizes</p>
	Improvement science, safe and reliable systems	<p>Evidence of involvement in an audit or quality improvement (QI) project (see above)</p> <p>Attendance at departmental QI meetings eg audit, M&M, MDTs</p> <p>Presentation of QI project</p> <p>Simulation training</p> <p>Publications</p>
	Teaching and learning	<p>Teaching activity</p> <p>Simulation training</p> <p>Feedback on teaching delivered</p> <p>Teaching and education courses such as Anaesthetists as Educators, Generic Instructors Course.</p> <p>Attendance record for local teaching</p> <p>Courses and conferences attended</p> <p>Literature reviews</p> <p>Presentations</p> <p>Life support courses: No courses are mandated but it is recommended that resuscitation skills are kept up to date</p>
Management	<p>Management courses</p> <p>Leadership courses</p> <p>Guideline and policy writing</p> <p>Rota organisation</p> <p>Representative roles on local, regional or national committees</p> <p>Course organisation</p> <p>Management role in QI project</p> <p>Simulation training</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 This should cover all work done 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>
Details of any concern	<p>If there have been no concerns or investigations put <i>NONE</i> 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>
Comments	<p>Learners comments should be completed reflecting on progress since the last ARCP and aspirations for the coming year</p>
Reflective practice	<p>The RCoA position on reflection is: 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 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 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>