

ANNUAL REVIEW OF COMPETENCE PROGRESSION PANEL A PROFORMA - REVIEW OF EVIDENCE, ST3 – ST4

PANEL DETAILS			
Date:		Deanery Admin:	
TRAINEE DETAILS			
Trainee:		Training Number:	
Specialty:		Training Grade:	
CCT Date/CESR		LTFT? (Yes/No)	
PAPERWORK REVIEWED			
<u>Mandatory Paperwork</u>		Reviewed, Yes/No:	Comments
Educational Supervisor's Report Post 1			
Educational Supervisor's Report Post 2			
Educational Supervisor's Report Post 3			
Evidence of Completion of GMC Survey			
Completed Report on Academic Progress (for Academic trainees)			
<u>Revalidation Paperwork</u>		Concerns, Yes/No:	Comments
Enhanced Form R			
Revalidation confirmation from ESSR			N / A
LEO & Host Trust Exit Reports			
<u>CCT Date</u>		Yes/No	Revised Date:
Does CCT date need to change due to absence from training			
<u>Specialty Specific Paperwork (List Below):</u>		Reviewed, Yes/No:	Comments
Up-to-date CV			
Logbook Summary (to cover full ARCP period)			
MSF (1 per year + per ICU placement)			No Respondents:
Educational Activities / CPD Point Summary (1 per ARCP period)			
Audit/Clinical Governance Summary (1 summary per year)			
Reflective Practice (6 per 12 months)			
Summary of Consultant Feedback (1 per placement, min 1 per year)			
Placement Feedback (1 per placement)			
Research Summary (for trainees undertaking research only)			
<i>Comments on Specialty Specific paperwork:</i>			

Examination	Passed	Date passed	No. of attempts if not passed
Final SAQ/ MCQ	Yes / No		
Final SOE	Yes / No		
Number of local meetings attended:			
Number of presentations:			

INTERMEDIATE UNITS OF TRAINING & WPBAs		
Unit of Training	Completed, Yes or No:	WPBAs done if UoT incomplete
Essential Units:		
Anaesthesia for neurosurgery, neuroradiology & neurocritical care		
Cardiothoracic anaesthesia and cardiothoracic critical care		
Intensive Care Medicine		
Obstetrics		
Paediatric		
Pain Medicine		
Perioperative Medicine		
General Duties		
Airway Management		
Critical incidents		
Day surgery		
General, urological and gynaecological surgery		
Head, neck, maxillo-facial & dental surgery		
Management of respiratory and cardiac arrest		
Non-theatre		
Orthopaedic surgery		
Regional		
Sedation		
Transfer medicine		
Trauma and stabilisation		
Optional Units		
Ophthalmic		
Plastics/ burns		
Vascular Surgery		

Any other evidence seen but not documented above:

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Feedback to Educational Supervisor on How to Improve Quality of Training Report (where applicable)

If leaving the training programme (Outcome 6), what are the trainee's future plans?

ARCP Outcome:		Educational Review: Yes / No
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PLEASE NOTE: For outcomes 2, 3, 4, 7.2 & 7.3 the evidence for this outcome must be clearly documented below and must match the detail on the Supplementary Form.

Reasons for referral to Panel B:

Follow up Actions:

Panel A Proforma completed by:			
Name:		Date:	