Stage 1 ARCP Checklists

V1.0

Year 1 ARCP Requirements for ACCS CT2s Only

ESSR Section	How the National Checklist applies to ACCS CT2 (incorporating ACCS ARCP requirement guide)							
	Start and finish dates of period under review e	entered 🗆						
Overview	Start date is the day after "period covered to"	from previous ARCP outcome form $\ \square$						
Placements in programme	Correct hospital placements since last ARCP	Correct hospital placements since last ARCP						
Exams	None mandatory							
Milestones	IAC certificate present in milestones section, v	vith simulation evidence (critical incidents & failed intubation), EPA	1&2, and MTR	linked □				
PDP	PDP present in PDP section □ <u>OR</u> PDP present as part of -Educational Meeting (r	record this fact in learner comments) $\ \square$						
Logbook	Logbook present □							
LOGDOOK	ES Comment on logbook numbers, casemix & supervision							
Supervisory meetings	3 or more supervisory meetings □							
	HALO for EPA1 complete, with at least one SLE at supervision level 2b □							
	HALO for EPA2 complete, with evidence in all	four key capability clusters below, and at least one SLE at supervisi	ion level 2b: □					
		Key Capability Cluster	Evidence?	Highest Supervision level achieved				
Learning		Preoperative preparation						
progress		Intra-operative care						
		Postoperative care						
		Emergencies and simulation including:						
		Simulation 1 (critical incidents from "unknowns" AACRI Quid Before and Headh and Service of AACRI Quid Before and Headh and Service and Serv						
		section of AAGBI Quick Reference Handbook) • Simulation 2 (failed intubation)						
		- Simulation 2 (lanca intabation)	<u> </u>		I			

ESSR Section	How the National Checklist applies to ACCS CT2 (incorporating ACCS ARCP requirement guide)
	Procedural sedation HALO complete with at least one SLE at supervision level 2a \square
Learning progress (continued)	• At least one piece of supporting evidence (SLE, personal activity, personal reflection) linked to all key capability (KC) clusters within HALO (A-K) □ • Most KC clusters within HALO have an SLE at the required supervision level □
SLEs	Evidence (SLEs/personal activities) to support entrustment levels for ACCS Procedural Skills (LO5):
	Pleural aspiration of air: 2a ☐ Chest drain (Seldinger technique): 2a ☐ Chest drain (open technique): 1 ☐ Establish invasive monitoring (central venous pressure and arterial line): 2a for both ☐ Vascular access in emergency (intraosseous infusion and femoral vein): 1 for either ☐ Fracture/dislocation manipulation: 1 ☐ External pacing 2a ☐ Direct current cardioversion: 2a ☐ Point of care ultrasound-guided vascular access and FIB: 2a both ☐ Lumbar puncture: 2a ☐ Progress with Stage 1 capabilities ie evidence (SLEs, personal activities, personal reflections) across a number of domains both GPC and clinical (NB stage 1 domains/HALOs overlap with ACCS LOs and evidence can be linked to both) ☐
	ES comment on SLEs present
MSF	1 x MSF (12+ responses, both medical and non-medical) in Anaesthesia □
Wisr	1 x MSF (12+ responses, both medical and non-medical) in ICM \Box
	1 x MTR to support IAC [use "Multiple Trainer Report" tab on LLP] □
MTRs	1 x MCR/MTR in ICM [use "ACCS MCR/MTR" tab on LLP]
	ES comment on MTRs

ESSR Section	How the National Checklist applies to ACCS CT2 (incorporating ACCS ARCP requirement guide)
ACCS Reports (Please save as "Personal Activity")	ACCS Clinical Supervisors (End of Placement) Report (Word document) present for ICM placement Correct entrustment levels on ICM clinical supervisor report: LO3: 2a LO8: 2a LO9: satisfactory comments LO9: satisfactory comments LO1: satisfactory comments LO1: satisfactory comments LO3: 2a ACCS Clinical Supervisors (End of Placement) Report (Word document) present for Anaesthesia placement Correct entrustment levels on Anaesthesia clinical supervisor report: LO3: 2a LO9: satisfactory comments LO9: satisfactory comments LO9: satisfactory comments LO10: satisfactory comments LO10: satisfactory comments ACCS Educational Supervisors End of Year Report covering both Anaesthesia and ICM placements LO10: satisfactory comments LO10: satisfactory comm
Non-clinical	Evidence of some involvement in clinical governance activity, with associated reflection or A-QIPAT Evidence (SLEs/personal activities/personal reflections) across a number of stage 1 non-clinical domains (NB stage 1 non-clinical domains/HALOs overlap with ACCS LOs 9-11 and evidence can be linked to both)
Absences	Absence section complete (note absences on Form R and in learner / ES comments)

Year 1 ARCP Requirements for Core CT1s Only (NOT ACCS)

ESSR Section		How the National Checklist applies to C	ORE CT1					
	Start and finish dates of period under review e	entered 🗆						
Overview	Start date is the day after "period covered to"	from previous ARCP outcome form □						
Placements in programme	Correct hospital placements since last ARCP□							
Exams	None mandatory							
Milestones	IAC certificate present in milestones section, v	vith simulation evidence (critical incidents & failed intubation), EPA	1&2, and MTR	linked □				
PDP	PDP present in PDP section ☐ <u>OR</u> PDP present as part of Educational Meeting (r	ecord this fact in learner comments) \square						
Lanhaali	Logbook present □							
Logbook	ES Comment on logbook numbers, casemix & supervision							
Supervisory meeting	3 or more supervisory meetings □							
Learning progress	HALO for EPA1 complete, with at least one SLE at supervision level 2b □							
	HALO for EPA2 complete, with evidence in all	four key capability clusters below, and at least one SLE at supervisi	on level 2b: □					
		Key Capability Cluster Evidence? Highest Supervision level achieved						
		Preoperative preparation						
		Intra-operative care						
	Postoperative care							
		Emergencies and simulation including:						
		Simulation 1 (critical incidents from "unknowns" AACRI Quid Reference Headle all)						
	section of AAGBI Quick Reference Handbook) • Simulation 2 (failed intubation)							
		Simulation 2 (talled intubation)			J			

ESSR Section	How the National Checklist applies to CORE CT1
Learning progress	If 6 months ICM placement completed this year, ICM HALO complete □ At least one piece of supporting evidence (SLE, personal activity, personal reflection) linked to all key capability (KC) clusters within HALO (A-K) □ Most KC clusters within HALO have an SLE at the required supervision level □
(continued)	Progress with Stage 1 capabilities ie evidence (SLEs, personal activities, personal reflections) across a number of domains both GPC and clinical \Box
	ES comment on SLEs present
	1 x MSF (12+ responses, both medical and non-medical) in Anaesthesia
MSF	1 x MSF (12+ responses, both medical and non-medical) in ICM □
	1 x MTR to support IAC □
MTRs	1 x MTR in ICM □
	ES comment on MTRs
Non-clinical	Evidence of some involvement in clinical governance activity, with associated reflection or A-QIPAT
Non-clinical	Evidence (SLEs/personal activities/personal reflections) across <i>a number</i> of stage 1 non-clinical domains
Absences	Absence section complete (note absences on Form R and in learner / ES comments)
Form R	Form R complete – no serious incidents OR Form R complete - Serious Incidents reflected upon and discussed with ES
Details of any concern	Section complete and supervisor comments present
Reflective practice	Evidence of reflective practice (LLP or ES comment)
Learner comments	Present
ES comments	Present □ Specific comment on reflective practice if no other evidence in LLP □
College Tutor	Present □

Year 2 ARCP requirements (ACCS CT3 or Core CT2)

ESSR Section	How the National Checklist applies to YEAR 2					
Overview	Start and finish dates of period under review entered Start date is the day after "period covered to" from previous ARCP outcome form					
Placements in programme	Correct hospital placements since last ARCP					
Exams	None mandatory					
Milantanaa	IAC certificate present in milestones section w	ith simulation evidence (critical incidents & failed intubation), EPA1	.&2, and separ	ate standalone MTR	linked □	
Milestones	IACOA certificate present in milestones sectio	n with simulation evidence (obstetric anaesthesia, GA for LSCS and t	failed intubation	on), EPA3&4, and se	parate standalone MTR linked □	
PDP	PDP present in PDP section ☐ <u>OR</u> PDP present as part of Educational Meeting (r	ecord this fact in learner comments) □				
Laghagh	Logbook present □					
Logbook	ES Comment on logbook numbers, casemix &	supervision				
Supervisory	3 or more supervisory meetings □					
meeting	Comment in learner/ES section on where to find evidence if dates not obvious on ESSR					
	HALO for EPA3 complete, with at least one SLE at supervision level 3 □					
	HALO for EPA4 complete, with evidence in all key capability clusters below, and at least one SLE at supervision level 3					
		Key Capability Cluster	Evidence?	Highest Supervision level achieved		
Learning		Preoperative preparation				
Progress		Intra-operative care				
		Postoperative care				
		Emergencies and simulation including:				
		 Simulation 1 (obstetric anaesthesia and analgesia, incorporating common emergencies) 				
		Simulation 2 (GA for LSCS and failed intubation drill)				
			1			
CLE	At least one piece of evidence in all 14 stage 1	domains 🗆				
SLEs	ES comment on SLEs present □					

ESSR Section	How the National Checklist applies to YEAR 2
MSF	1 x MSF (12+ responses, both medical and non-medical) □
	1 x MTR to support IACOA □
MTRs	1 x additional MTR for whole year □
	ES comment on MTRs
Non-clinical	Evidence of some involvement in clinical governance activity, with associated reflection or A-QIPAT
Non-ciinicai	At least one piece of appropriate evidence (SLEs/personal activities/personal reflections) in all 7 stage 1 non-clinical domains
Absences	Absence section complete (note absences on Form R and in leaner / ES comments)
Form R	Form R complete – no serious incidents
roini k	\overline{OR} Form R complete - Serious Incidents reflected upon and discussed with ES \Box
Details of any concern	Section complete and supervisor comments present □
Reflective practice	Evidence of reflective practice (LLP or ES comment) \square
Learner comments	Present □
ES comments	Present □ Specific comment on reflective practice if no other evidence in LLP □
College Tutor comments	Present □

Year 3 ARCP requirements (ACCS CT4 or Core CT3)

ESSR Section	How this applies to YEAR 3
Overview	Start and finish dates of period under review entered □
overview.	Start date is the day after "period covered to" from previous ARCP outcome form 🗆
Placements in programme	Correct hospital placements since last ARCP □
Exams	Primary FRCA completion date present □
Exums	Primary FRCA examination pass letter in document store □
Milestones	IAC certificate present in milestones section with simulation evidence (critical incidents & failed intubation), EPA1&2, and separate standalone MTR linked 🗆
ivillestories	IACOA certificate present in milestones section with simulation evidence (obstetric anaesthesia, GA for LSCS and failed intubation), EPA3&4, and separate standalone MTR linked 🗆
	PDP present in PDP section
PDP	$rac{OR}{}$ PDP present as part of Educational Meeting (record this fact in learner comments) \Box
Lamback	Logbook present □
Logbook	ES Comment on satisfactory logbook numbers, casemix & supervision ⊠
Cumo mula o muno o di incon	3 or more supervisory meetings □
Supervisory meetings	Comment in learner/ES section on where to find evidence if dates not obvious on ESSR 🗆

ESSR Section			How this applies to YEA	R 3
	All 14 stage 1 HALOs complete and h	nave satisfactory suppor	ting evidence as per table below \Box	
			CLINICAL HALOs Perioperative medicine, General Anaesthesia, Resuscitation/Transfer, Regional, Pain, Sedation, ICM	NON-CLINICAL (GPC) HALOs Professional behaviours/communication, Management/professional/regulatory requirements, Team Working, Safety/QI, Safeguarding, Education/Training, Research
Learning progress		Evidence	At least one piece of evidence (SLE, personal activity or reflection) is mapped to all key capabilities / key capability clusters within the HALO	Evidence (SLE, personal activity, reflection) covering a selection of the key capabilities within the domain. Examples of appropriate forms of evidence for each HALO are given in the "Appropriate evidence for non-clinical HALOs2" table below
		Supervision levels	Most (ideally all) key capabilities/key capability clusters are supported by an SLE (DOPS/ A-CEX/CBD) at the appropriate supervision level¹ (NB one SLE can be mapped to multiple KCs if relevant)	N/A
		MTR	At least one MTR is linked to each HALO, in which at least one trainer has given feedback on the HALO/domain in question	At least one MTR is linked to each HALO, in which at least one trainer has given feedback on the HALO/domain in question.
		Logbook	There is a logbook of satisfactory cases relating to the domain/HALO in question	N/A
		Faculty/Trainer opinion	Trainer signing the HALO (in consultation with faculty) agrees doctor can safely perform at the required level	Trainer signing the HALO (in consultation with faculty) agrees doctor can safely perform at the required level

¹See "Supervision levels for Clinical Key Capabilities" table below ²See "Appropriate evidence for non-clinical HALOs" table below

³See "Stage 1 Practical Procedures Checklist" below

ESSR Section	How this applies to YEAR 3
Learning progress (continued)	Checklist of stage 1 practical procedures³ evidenced in document store: □
MSF	MSF (12+ responses, both medical and non-medical) □
MTRs	1 x MTR covering whole year
WITES	ES comment on MTRs
	During year 3: Evidence of some involvement in clinical governance activity, with associated reflection or QI-PAT □
Non-clinical	Over whole of stage 1: Led at least one local QI project with reflection or A-QIPAT OR Significant involvement with at least one National or regional project with reflection or A-QIPAT OR Significant involvement with at least one long-term QI project with reflection or A-QIPAT Significant involvement with at least one long-term QI project with reflection or A-QIPAT
	All stage 1 non-clinical HALOs complete with appropriate forms of evidence linked to key capabilities ²
Absences	Absence section complete (note absences on Form R and in learner / ES comments)
Form R	Form R complete – no serious incidents OR Form R complete - Serious Incidents reflected upon and discussed with ES
Details of any concern	Section complete and supervisor comments present
Reflective practice	Evidence of reflective practice (LLP or ES comment) \Box
Learner comments	Present
ES comments	Present
L3 Comments	Specific comment on reflective practice if no other evidence in LLP
College Tutor comments	Present

¹See "Supervision levels for Clinical Key Capabilities" table below

²See "Appropriate evidence for non-clinical HALOs" table below

³See "Stage 1 Practical Procedures Checklist" below

Table: Supervision Levels for Clinical Key Capabilities (Stage 1)

	Key Capability	Supervision		SL
Domain	Clusters	level expected	Evidence?	achieved?
	ABCDEF	2b		
	G	Not applicable		
	НІ	Not applicable		
	J	2b		
	К	Not applicable		
Perioperative Medicine & Health Promotion	L	2b		
	М	2a		
	N	2b		
	0	2b		
	P	Not applicable		
	Q	3		
	ABCD	2b		
	E	2b		
	FG	Not applicable		
	ни	2b		
General Anaesthesia	KL	2a		
	М	2a		
	N	1		
	OP	2a(5-10); 2b (>10)		
	QR	3		
	S	2a		
	ABC	3		
	D	3		
	E	2b		
Regional Anaesthesia	F	2b		
	GHI	3		
	J	Not applicable		
	К	Not applicable		
Resuscitation and transfer	ABCD	2b		
	EFG	2b		
	н	Not applicable		

Domain	Key Capability Clusters	Supervision level expected	Evidence?	SL achieved?
Procedural sedation	ABCDEFG	2a		
	ABC	2b		
Pain	DE	2b		
ruiii	F	Not applicable		
	G	3		
	А	FICM capability level 2		
	В	FICM capability level 2		
	С	FICM capability level 2		
	D	FICM capability level 1		
	E	FICM capability level 2		
ICM	F	FICM capability level 2		
	G	FICM capability level 2		
	н	FICM capability level 2		
	I	FICM capability level 1		
	J	FICM capability level 0		
	к	FICM capability level 1		

Domain	Key Capability Clusters	Supervision level expected	Evidence?	SL achieved?
EPA1	Anaesthetic preoperative assessment	2b		
EPA2	Preoperative preparation	2b		
	Intraoperative care	2b		
	Postoperative care	2b		
	Emergencies and simulation	2b		
	Sim 1: skills and drills	Not applicable		
	Sim 2: failed intubation drill	Not applicable		
ЕРАЗ	Administration of pain relief for labour	3		
EPA4	Preoperative preparation	3		
	Intraoperative care	3		
	Postoperative care	3		
	Emergencies and simulation	3		
	Sim 1: obs anaesthesia	Not applicable		
	Sim 2: GA for LSCS/failed intubation in obs	Not applicable		

Table: Appropriate Evidence for Non-Clinical HALOs (Stage 1)

	Types of evidence			
Domain/HALO	Experience & Logbook	Supervised Learning Events (SLEs)	Personal activities, reflections, other	
Professional behaviours and communication	Range of surgical specialties and patient groups in theatre setting, obstetrics, pre-operative assessment clinics and Intensive Care Unit.	effective communication skills with patients during pre- operative assessment accurate recording of details of pre-operative assessment on anaesthetic chart discussion of event where demonstration of duty of candour is appropriate safe and effective handover to another member of the healthcare team high standards in prescribing medication active involvement with safety checks in theatre eg. WHO checklist	maintenance of professional portfolio on LLP including evidence of regular meetings with educational supervisor completion of GMC trainee survey reflection on examples of good and poor behaviour by members of the multidisciplinary team demonstration of confidentiality within all means of communication including social media simulation training: critical incidents, transfers attendance at quality improvement/clinical governance meetings. Other evidence: multi-source feedback thank you cards/letters/emails from patients and colleagues.	
Management of professional and regulatory requirements	engagement with Anaesthetic Departmental activities.	application of principles of information governance knowledge of guidance from GMC and other professional bodies.	equality and diversity training attendance at hospital induction and completion of mandatory training requirements attendance at departmental clinical governance meetings e-Learning or reading literature on employment law presentation at clinical governance meeting attendance at junior doctors' forum meetings.	

	Types of evidence			
Domain/HALO	Experience & Logbook	Supervised Learning Events (SLEs)	Personal activities, reflections, other	
Team working	range of surgical specialties and patient groups in theatre setting, obstetrics, pre-operative assessment clinics and Intensive Care Unit.	evidence of good team working through reflection participation with teams in theatre (eg ALMAT) acting as a member of Medical Emergency Team management of the critically ill patient as part of the ICU team.	completion of resuscitation courses simulation training multi-source feedback.	
Safety & quality improvement	involvement in QI activities within Anaesthetics Department as a minimum requirement.	understanding of quality improvement methodology (A-QIPAT for relevant projects) engagement with surgical safety initiatives and departmental guidelines relating to patient safety learning from critical incidents learning from pre-briefs and de-briefs on own and team's performance evidence of applying good non-technical skills and effective multi-disciplinary team working (e.g.ALMAT) safe prescription and administration of drugs.	attendance at quality improvement training involvement with local, regional or national quality improvement projects submission of excellence and incident reports simulation training e.g. crisis resource management, critical incident, resuscitation attendance at local clinical governance/quality improvement meetings self-directed learning regarding duty of candour multi-source feedback.	
Safeguarding		management of consent in an adult who does not have capacity knowledge of the local procedure for referral of an adult for safeguarding concerns involvement with cases where there are safeguarding issues with children or adults.	attendance at local mandatory training including safeguarding e-Learning: child and adult safeguarding e-Learning: mental capacity act.	

	Types of evidence			
Domain/HALO	Experience & Logbook	Supervised Learning Events (SLEs)	Personal activities, reflections, other	
	use of SLEs throughout stage of training to facilitate learning and guide progress.	reflection on learning in the workplace and response to feedback.	maintenance of professional portfolio on LLP	
			setting out and review of personal development plans	
			record of attendance at local and regional/school teaching sessions	
			completion of GMC trainee survey	
			teaching session delivered (presentation slides)	
Education & training			attendance at pre-assessment (POA) or perioperative medicine (POM) clinic and reflection on learning	
			production of patient educational materials	
			attendance at hospital induction session(s)	
			mandatory training	
			simulation training	
			use of e-Learning Anaesthesia	
			engagement with feedback on education and training	
			personal learning activities such as journal articles read and reflections on them.	
		use of evidence-based national or local guidelines	presentation at journal club: academic paper, review article, national reports or guidelines such as CEMACH,	
Research & managing data		accessing and interpreting evidence from the literature to aid shared-decision making.	NCEPOD, NICE	
		to ald shared-decision making.	undertaking or completed GCP certificate	
			assisting with data collection for research project	
			involvement in review article / literature review	
			awareness of local Trainee Research Network activity (TRN).	

STAGE 1 PRACTICAL PROCEDURES CHECKLIST

Please complete the details below and attach this checklist as a "Personal Activity" to your LLP (standalone modifiable word document available at https://www.stokeanaesthesia.org.uk/)

All procedures must be evidenced by an A-CEX, DOPS or simulation/course evidence (CPD certificate or SLE) by your end of year 3 ARCP. **Most** should be evidenced to the required supervision level although it is accepted that this may not be possible for those evidenced by attendance at simulation training.

	Supervision level suggested	Supervision level achieved (if course put NA)	Which domain/HALO is SLE or CPD certificate linked to (e.g. General Anaesthesia, Regional etc)	Date of SLE/CPD certificate	Supervisor name or name of Course
Insertion of supraglottic airway	3				
Intubation using standard laryngoscope	3				
Intubation using video laryngoscope	2 a				
Fibreoptic intubation	1				
Intubation in the awake patient	1				
Emergency front of neck access	2a				
Central venous line insertion	2b				
Venous access for renal replacement therapy	2b				
Arterial line	2b				
Ultrasound-guided peripheral venous cannulation	2b				
Needle thoracocentesis	2b				
Chest drain insertion	2a				
Lumbar epidural	3				
Spinal anaesthesia	3				
Simple peripheral nerve block	2b				
US-guided chest wall plane block	2a				
US-guided abdominal wall plane block	2a				
US-guided lower limb block including femoral and FIB	2a				
US-guided upper limb block including brachial plexus block	2a				