**ARCP Requirements Intensive Care Medicine**

**This document contains the following forms and attachments:**

* **ARCP Guidance notes**
* **Educational Supervisors report**
* **Logbook summary (Attachment 1)**
* **Workplace based assessment (WPBA) and teaching activity summary (Attachment 2)**
* **Changes to CV summary (Attachment 3)**
* **An embedded copy of the FICM assessment document which has the competencies summary. The Competencies form (for the relevant stage) needs to be printed, mapped, and signed by the educational supervisor.**

**Placement: Intensive Care Medicine**

**Preparation for ARCPs**

The trainee requirements for ARCP are laid out below. It is important that the portfolio is submitted ***on paper*** and is laid out as below in order that the ARCP panel is both efficient and does not miss vital information. Portfolios which have not been laid out ***exactly*** as detailed below will be rejected.

Sections 3, 4 and, 5 require completion of the embedded forms by the Educational Supervisor.

Section 5 contains a suggested format for a MSF but other formats are acceptable. However, the panel do not wish to see the original feedback forms.

The panel require tosee the ***Educational Supervisors Summary of the feedback and all relevant comments***.

Where specific numbers of pieces of evidence are required e.g. 15 DOPS etc. this is prescriptive and all 15 must be available to the panel for a successful outcome.

To have a successful ARCP outcome trainees are required to submit every item of evidence listed below. If ***any*** piece of evidence is not available to the panel on the day an unsuccessful outcome will be issued.

|  |  |
| --- | --- |
| **Assessments/activities:** | **Number of minimum ICM WPBA:** |
| **Section 1:**  **Personal Details** | Summary of Personal Details/Curriculum Vitae.  Attach up to date CV or Changes to CV summary (Attachment 3) |
| **Section 2:**  **Workplace Based Assessments**  **Top 30 cases -CEX and CBD**  **– Top 30 cases are listed in the link below along with the suggested Cobatrice Competencies for completion**  **(refer to FICM assessment document 2014 version 2 – embedded below in Section 3)** | Minimum 10 in stage 1  Minimum 10 in stage 2(including 6 from special modules, at least 2 from super specialty)  Minimum 5 in stage 3  At least 5 general ‘Top 30’ cases as **CBDs**, **CEX** or both.  Up to 5 CoBaTrICE competencies can be covered in each assessment. The evidence for these needs to be confirmed by the Educational Supervisor  These should be summarised in the workplace based assessment attachment |
| **Section 3:**  **Core Common Competencies**  **A list of these is included below for completion**  **( referred to F ICM assessment document 2014 version 2)** | Approximately 20% of these need to be completed per year in order that by the end of training all have been achieved.  The evidence for these needs to be confirmed by the Educational Supervisor.  Trainees should print the relevant competency pages and map these and get them reviewed and signed by the Educational Supervisor.  **This then needs to be attached to the WPBA summary (Attachment 2)** |
| **Section 4:**  **Expanded Case summaries** | Minimum 4 in stage1 to at least level 2 standard  Minimum 4 in stage 2  Minimum 2 in stage 3  Marked by the Educational Supervisor. Guidance for this is included below along with the marking system  Can also refer to FICM documents for guidance: |
| **Section 5:**  **MSF**  **One per year** | **2 in stage 1**  **2 in stage 2**  **1 in stage 3**  The educational supervisors summary of the multi-source feedback should be presented here to include the anonymised comments **Multi-source Feedback – blank form attached below** |
| **Section 6:**  **Record of appraisals** | 1. Record of induction meeting 2. Record of mid-point review 3. End of attachment review 4. Training agreement   **These need to be summarised in the Educational Supervisors report** |
| **Section 7:**  **Logbook of cases – to comply with data governance requirements** | Unit Admission data allows yearly learning outcomes to be fulfilled  Individual cases provide suitable case mix to achieve yearly learning outcome.  **These need to be summarised** in the logbook attachment |
| **Section 8:**  **Log book procedure/DOPS to reflect agreed CoBatrice competency assessments** | Minimum 30 in stage1  Minimum 15 in stage 2  Minimum 15 in stage 3    **These need to be summarised in the logbook Attachment 1**  **DOPS need to be summarised in WPBA Attachment 2 as well.** |
| **Section 9:**  **Logbook of Airway skills – as evidenced by DOPS/mini-CEX** | Minimum 30 in stage 1  Minimum 30 in stage 2  Minimum 15 in stage 3  **These need to be summarised in the logbook Attachment 1**  **DOPS need to be summarised in WPBA Attachment 2 as well.** |
| **Section 10:**  **Quality Assurance Feedback** | 1. GMC Survey Completion Certificate   b) JEST Completion Certificate |
| **Section 11:**  **ES Structured Training Report** | Satisfactory report  Previously you may have used the powerpoint report (previously attached) – Previous reports using that form do not need to be re-done but **for all future reports please use the Educational Supervisor Report pages of this document.** |
| **Section 12:**  **Audit** | Evidence of at least 1 audit completed in the year  **These need to be summarised in WPBA Attachment 2.** |
| **Section 13:**  **Morbidity and Mortality meetings** | At least 6 and reflect on at least three of them- stage 1  At least 8 and reflect on at least two of them- stage 2  At least 4 and reflect on at least one of them- stage 3  **These need to be summarised in WPBA Attachment 2.** |
| **Section 14:**  **Journal Clubs** | Present at least one/year  Evidence of at least 1 presentation  **These need to be summarised in WPBA Attachment 2.** |
| **Section 15:**  **Teaching attendance** | Evidence of teaching at regional teaching  **These need to be summarised in WPBA Attachment 2.** |
| **Section 16:**  **Teaching delivered** | Delivered or organised teaching sessions  Attach feedback.  **These need to be summarised in WPBA Attachment 2.** |
| **Section 17:**  **Management meetings** | Encouraged, no minimum number for stage 1 and 2  Attend at least 2 in stage 3  **These need to be summarised in WPBA Attachment 2.** |
| **Section 18:**  **External Meetings as Approved in Personal Development Plan.** | Evidence of attendance and reflection on content  **These need to be summarised in WPBA Attachment 2.** |
| **Section 19:**  **Research and publications** | include summary of experience, skills and publications not included elsewhere  **These need to be summarised in WPBA Attachment 2.** |
| **Section 20:Valid ALS evidence** | Valid ALS completion certificate  **These need to be summarised in WPBA Attachment2** |
| **Section 21:**  **Enhanced Form R** | Completed and signed Enhanced Form R |

Competencies

It is also important that both trainees and trainers understand the structure of the CoBaTrICE syllabus and competencies to inform their discussion. The CoBaTrICE structure is not designed to replicate a traditional textbook of ICM and must be understood as a description of the final goal of training.

The trainee and assessor should agree on the CoBaTrICE competences that will be covered by a WPBA before the assessment is undertaken. This should be a trainee driven process. The FICM have prepared 30 illustrative cases (see Part II), with CoBaTrICE mapping, to assist in this process.

Over the course of training at least 25 of these 30 cases should be covered as WPBA of various types to further ensure a comprehensive coverage of the curriculum. The cases are chosen because they are both important and common. The exact clinical details will vary and trainees do not have to exactly match the cases. In addition, the CoBaTrICE mapping (labelled competencies in the table below) is only a suggestion and other mapping can be performed as appropriate for the assessment of progress.

Paediatric ICM, Cardiac ICM and Neuro ICM cases are best undertaken during those designated training modules.

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| **Trainee details** | | **Dates covered** | **Dates** |
| Trainee’s surname | Surname | Forename | |
| Specialist Training Year: | Training year | ICM Training no | ICM training no |
| Trainee’s GMC number | GMC number | FICM number | FICM number |
| Other Dual Specialty (if applicable) | Other specialty | Other training no |  |
| **ICM Training Stage:(please circle):** | | | |
| Basic/Core ICM | Step 1 (Intermediate) | Step2 (Advanced) |  |
| Specialist skills year | Stage 1 ICM | Stage 2 ICM | Stage 3 ICM |
| Complimentary Anaesthesia | Complementary Medicine | EM | PHEM |
| **Total Training to date in MONTHS in a training post:(please write):** | | | |
| Emergency medicine | Anaesthesia | Medicine | ICM |

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| --- | --- | --- | --- |
| **Hospital Training placements** | **Block** | **From** | **To** |
|  | ICM/Medicine/Anaesthesia | Date | Date |
|  |  | Date | Date |
|  |  | Date | Date |
|  |  | Date | Date |
| **Educational Supervisor name** | **Surname** | **Forename** | **GMC No** |
| **FICM tutor** | Surname | Forename |  |

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| --- | --- | --- | --- |
| **Medical Practice** | **Satisfactory?** | | **Comments** |
| Clinical care | YES | NO |  |
| Maintaining professionalism | YES | NO |  |
| Relationships with patients | YES | NO |  |
| Relationships with colleagues | YES | NO |  |
| Probity | YES | NO |  |
| Teaching and training | YES | NO | Also attach details in WPBA Summary (Attachment 2) |
| Management and leadership skills development | YES | NO | Has the trainee developed any specific management or leadership skills? Comments. Also attach details in WPBA (Attachment 2) |

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| **Evidence and outcomes** | **Dates** | **Satisfactory?** | | **Comments by Educational Supervisor (details will be summarised in CV, WPBA and logbook attachments)** |
| Curriculum vitae |  | YES | NO | CV also attach CV (Attachment 3) |
| PDP Plan & educational agreement achieved satisfactorily?-Attach |  | YES | NO | ETR, educational meetings, PDP achieved? |
| Summary of work place assessments |  | YES | NO | Also attach WPBA (attachment 2) |
| FICM Competency progression (sheet)- Attach |  | YES | NO | Print, map and attach signed competency progression sheet from the embedded FICM Assessment doc. |
| IBTICM competency assessments |  | YES | NO | Same as above - For joint trainees |
| Expanded case summaries -Attach |  | YES | NO | Joint, dual, single CCT also attach WPBA (Attachment 2) |
| MSF summary-Attach |  | YES | NO | MSF summary ( need 12 or more responses) |
| Record of appraisals /meetings |  | YES | NO | Initial ,mid-point and end meeting reports |
| Logbook cases summary(attach) |  | YES | NO | Also attach Logbook summary (Attachment 1) |
| Logbook procedures (see guide notes) |  | YES | NO | Log book procedures DOPS in WPBA (Attachment 1&2) |
| Logbook airway skills (see guide notes) |  | YES | NO | Attach WPBA attachment |
| Exams taken |  | YES | NO | EDIC FRCA Final ,FF ICM, MRCP ,Other |

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| --- | --- | --- | --- | --- |
| **Record of educational activities:** | **Satisfactory?** | | **ES Comments (all below need summarised**  **in WPBA and educational activity attachment 2 )** | |
| Top 30 cases (see guide notes) | YES | NO | Top 30 for Dual /single CCT not for joint |
| Audits (min 1 per stage of training) | YES | NO | Summarised in WPB a and educational attachment |
| M&M meetings (see guide notes) | YES | NO | Evidence of attendance at meetings-see guide |
| Journal club presentations (1/year) | YES | NO | Evidence of at least 1 presentation per year |
| Teaching attendance | YES | NO | Evidence of attendance at regional teaching |
| Teaching delivered | YES | NO | Delivered or organised teaching sessions? Feedback |
| Management meetings | YES | NO | Attend 2 in Advance or stage 3 module |
| External meetings as approved in PDP & reflection on each | YES | NO | Summarised in teaching WPBA (Attachment 2) |
| Research and publications | YES | N/A | Include a summary of experience, skills and publications in WPBA Attachment 2 |

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| --- | --- | --- | --- |
| **Health Record** | | | |
| Any significant health issues? | YES | NO |  |
| If so, please give details: | | | |
| How many days off sick in this placement? | No of days | | |
| Has any essential training been missed? | YES | NO |  |
| If so, please give details: | | | |
| Other reasons for extended training: e.g. Maternity leave | | | |

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| **Details of concerns/investigations:** | | |
| Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/Significant Event Investigation or named in any complaint? | YES | NO |
| If so, are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee’s fitness to practice or conduct? | YES | NO |
| Is the trainee in need of professional support? | YES | NO |
| **Details of concerns/investigations:** | | |
| Comments, if any: | | |
| **Trainees strengths** | | |
|  | | |
| **Recommended personal development for remainder of training year:** | | |
| Development needs  Objectives for next year-include exams, research study leave/courses | | |

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| **Is the trainee fulfilling your expectations for a trainee at this level?** | | |
| Well above expectations | **YES** | NO |
| Above expectations | **YES** | NO |
| Meets expectations | **YES** | NO |
| Below expectations | **YES** | NO |
| **Do you have any concerns about this trainee?** | **YES** | **NO** |
| **If yes, please comment below detailing any specific evidence and documentation :** | | |
| Comments, if any: | | |

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| **Supervisor/Tutor statement:** |
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| --- | --- |
| Signed by: **Trainee** | Signed by: **Faculty Tutor/educational supervisor** |
|  |  |
| Date | Date |

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| --- | --- | --- | --- | --- |
| **Trainee details** | | **Dates: from: To** | **Dates** | |
| Trainee’s surname | Surname | Forename | | |
| Trainee’s GMC number | GMC number | FICM number | | FICM number |
| Specialist Training Year: | ST | ICM Deanery Training no | |  |
| Other Dual Specialty (if applicable) |  | Deanery training no | |  |
| **ICM Training Stage:(please circle):** | | | | |
| Basic/Core ICM | Step 1 | Step2 | |  |
| Specialist skills year | Stage 1 ICM | Stage 2 ICM | | Stage 3 ICM |
| Complimentary Anaesthesia | Complementary Medicine | EM | | PHEM |
| **Total Training to date in Months in a training post:(please write):** | | | | |
| Emergency medicine | Anaesthesia | Medicine | | ICM |

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| **Logbook** | **Items** | **Number** | **Assessor** | **Satisfactory**  **(Y/N)** |
| 1. | No of Logbook procedures (minimum 15/year) | Number |  |  |
| 2. | No. of logbook cases  (expected to be >100 at least per year) |  |  |  |
| Consultation-Resuscitation and admissions |  |  |  |
| Major ICU involvement |  |  |  |
| 3. | Log book Airway skills (minimum 15/year) |  |  |  |
| 4 | Intra-hospital Transfers |  |  |  |
| 5 | Inter-hospital transfers |  |  |  |
| 6 | Discussion with relatives |  |  |  |
| 7 | End of life care/organ donation |  |  |  |
| 8 | Leading ward rounds |  |  |  |
| 9 | Cardiac arrest |  |  |  |
| 10 | Trauma team |  |  |  |

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|  | **Procedure** | **Number** | **Local supervision** | **Distant supervision** | **Teaching** |
| **Airway & Lungs** | Emergency intubation |  |  |  |  |
| Percutaneous tracheostomy |  |  |  |  |
| Bronchoscopy-Lavage |  |  |  |  |
| Chest drain - seldinger |  |  |  |  |
| Chest drain – blunt dissection |  |  |  |  |
| Lung ultrasound |  |  |  |  |
| High frequency oscillator ventilation |  |  |  |  |
| Prone Ventilation |  |  |  |  |
| **Cardiovascular** | Arterial cannulation |  |  |  |  |
| Central venous access – IJV |  |  |  |  |
| Central venous access – Subclavian |  |  |  |  |
| Central venous access – Femoral |  |  |  |  |
| Pulmonary artery catheter |  |  |  |  |
| Non-invasive/Invasive CO monitoring |  |  |  |  |
| Echocardiogram |  |  |  |  |
| **Abdomen** | Ascitic drain/tap |  |  |  |  |
| Sengstaken tube placement |  |  |  |  |
| Abdominal ultrasound/FAST |  |  |  |  |
| **CNS** | Lumbar puncture |  |  |  |  |
| Brainstem death testing |  |  |  |  |
| Intra cranial pressure monitoring |  |  |  |  |

Please attach this summary of your logbook, relating to the year under review.

Trainee’s signature:……………………………………………… Date:………………………

FICM Tutor / Educational Supervisor signature:…………………………Date:………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee details** | | **Date** | |
| Trainee’s surname | Surname | Forename | |
| Trainee’s GMC number | GMC number | FICM number | FICM number |
| Specialist Training Year: |  | ICM Deanery Training no |  |
| Other Dual Specialty (if applicable) |  | Deanery training no |  |
| **ICM Training Stage:(please circle):** | | | |
| Basic/Core ICM | Step 1 | Step2 |  |
| Specialist skills year | Stage 1 ICM | Stage 2 ICM | Stage 3 ICM |
| Complimentary Anaesthesia | Complementary Medicine | EM | PHEM |
| **Total Training to date in Months in a training post:(please write):** | | | |
| Emergency medicine | Anaesthesia | Medicine | ICM |

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| **Educational Supervisor name** | **Surname** | **Forename** | **GMC** | Number |
| **FICM tutor** | Surname | Forename | | |

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| **Stage of training** | **Completion date** | **Trust(s) where training achieved** | | | **Competent / signed** |
| Stage 1 Training in ICM (up to ST4) |  |  | | |  |
| Stage 1 Complementary specialty training Anaesthesia/Medicine |  |  | | |  |
| Stage 2 Training in ICM (ST5-6) |  |  | | |  |
| Stage 2 ICM specialty training |  |  | | |  |
| Stage 2 Special interest year |  |  | | |  |
| Stage 3 Training in ICM (ST 7) |  |  | | |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Top 30 cases** | **Title of the case (at least 5 per year starting at ST3 year as CEX/CBD)** | **Date** | **Type of assessment** | **Level achieved** | **Assessor** | | 1. |  |  |  |  |  | | 2. |  |  |  |  |  | | 3. |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | 8 |  |  |  |  |  | | 9 |  |  |  |  |  | | 10 |  |  |  |  |  | | | | | | |
| **Competency Domains** | **Date** | | **Stage of training: Stage 1/2/3** | **Competency level achieved:** | |
| 1. Resuscitation and initial management of the acutely ill patient |  | |  |  | |
| 2.Diagnosis, Assessment, Investigation, Monitoring and data interpretation |  | |  |  | |
| 3.Disease Management |  | |  |  | |
| 4. Therapeutic Interventions/Organ Support in single or multiple organ support |  | |  |  | |
| 5. Practical Procedures |  | |  |  | |
| 6. Perioperative Care |  | |  |  | |
| 7.Comfort and Recovery |  | |  |  | |
| 8. End of life care |  | |  |  | |
| 9. Paediatric care |  | |  |  | |
| 10. Transport |  | |  |  | |
| 11. Patient safety and health systems management |  | |  |  | |
| 12. Professionalism |  | |  |  | |

Comments ……………………………………………………………………………………………………………………………………………………………………………….

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| **Expanded case summary** | **Title of the case**  **(At least 2 per year starting at ST3 year**  **total 10 by completion)** | **Date** | **Level achieved** | **Satisfactory**  **(Y/N)** | **Assessor** |
| 1. | Minimum 4 in stage1, 4 in stage 2 , 2 in stage 3 |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
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| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

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| **M.S.F Date from – to** | Date |
| **Attach copy of MSF (One MSF per year) 2 in stage 1, 2 in stage 2, 1 in stage 3** | |
| Comments | |

**Summary of assessments:**

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| --- | --- | --- | --- | --- | --- |
| **ICM DOPs** | **Procedure skills (At least 15 per year)**  **Description/Document Where (hospital)** | **Date** | **Setting – Ward, ICU, ED, theatre, other** | **Assessor** | **Satisfactory**  **(Y/N)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13.. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |

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| **ICM DOPs**  **CEX** | **Airway Skills (At least 15 per year)**  **Description. DOPS or CEX** | **Date** | **Setting – Ward, ICU, ED, theatre, other** | | | **Assessor** | | **Satisfactory**  **(Y/N)** |
| 1. | Minimum 30 in stage1  Minimum 30 in stage 2  Minimum 15 in stage 3 |  |  | | |  | |  |
| 2. |  |  |  | | |  | |  |
| 3. |  |  |  | | |  | |  |
| 4. |  |  |  | | |  | |  |
| 5. |  |  |  | | |  | |  |
| 6. |  |  |  | | |  | |  |
| 7. |  |  |  | | |  | |  |
| 8. |  |  |  | | |  | |  |
| 9. |  |  |  | | |  | |  |
| 10. |  |  |  | | |  | |  |
| 11. |  |  |  | | |  | |  |
| 12. |  |  |  | | |  | |  |
| 13.. |  |  |  | | |  | |  |
| 14. |  |  |  | | |  | |  |
| 15. |  |  |  | | |  | |  |
| **Local meetings** | **Departmental ,Governance, Quality Improvement, Grand Rounds, Tutorials** | **Date** | | **Trust** | **Reflection present** | | **Assessor** | |
| 1. |  |  | |  |  | |  | |
| 2. |  |  | |  |  | |  | |
| 3. |  |  | |  |  | |  | |
| 4. |  |  | |  |  | |  | |
| 5. |  |  | |  |  | |  | |
| 6. |  |  | |  |  | |  | |

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| **Audits** | **(At least 1 per year of training)** | **Date** | **Completed & presented** | **Satisfactory**  **(Y/N)** | **Assessor** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

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| **M&M meetings** | **Title of cases discussed/presented (At least 4 per year and reflect on at least 2 of those meetings)** | **Date** | **Presented or attended** | **Reflection present** | **Assessor** |
| 1. |  |  | Presented |  |  |
| 2. |  |  | Attended |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Journal Clubs** | **Title of papers presented/discussed**  **(Presentation at least once per year)** | **Date** | **Presented or attended** | **Reflection present** | **Assessor** |
| 1. |  |  | Presented |  |  |
| 2. |  |  | Attended |  |  |
| 3. |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| **Teaching attended** | **Teaching regional and local attendance: Topic/title** | **Date** | **Trust** | **Reflection present** | **Assessor** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Teaching delivered** | **Teaching delivered: Topic/title** | **Date** | **Trust** | **Feedback present** | **Audience delivered to** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

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| **External meetings** | **Title of the meeting (regional national courses and meetings)(all these should be accompanied by reflection)** | **Date/s** | **Reflection present** | **Assessor/supervisor** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

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| **Management meetings** | **Nature of meeting**  ***Required in Stage 3 and Advanced Training*** | **Date** | **Trust** | **Assessor** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

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| **Research and Publications** | **`Details** | **Date** | **Current stage/Published /completed** | **Assessor/supervisor** |
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| **ALS certification date:** | Date |
| Other life-support courses |  |
| Other courses |  |
|  |  |

**Trainee’s signature**:…………................................................................. Date: …………………………………………….

**FICM Tutor / Educational Supervisor’ signature…………………………………………………….** Date ………………………………

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| **Trainee details** | | **Date** | **Date from** | **Date to** |
| Trainee’s surname | Surname | Forename | | |
| Trainee’s GMC number | GMC number | FICM number | | FICM number |
| Specialist Training Year: |  | ICM Deanery Training no | |  |
| Other Dual Specialty (if applicable) |  | Deanery training no | |  |

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| **1. Where have you worked in the last year?** | | | | | |
|  | **Trust** | **Relevant ICM component of training** | **College tutor / Educational Supervisor** | **Start date** | **End date** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

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| **2. Achievements since last review**: | | Date of last review: | |
|  | | **Date** | **Please comment briefly** |
| 1 | **Progress with ICM curriculum competencies** |  |  |
| 2. | **Progress with exams** |  |  |
| 3. | **Courses attended** |  |  |
| 4. | **Progress with audit** |  |  |
| 5. | **Publications and Presentations** |  |  |
| 6. | **Progress with research** |  |  |
| 7 | **Other** |  |  |

**Trainee’s signature**:………………………………………………………………………………………….  **Date**:…………………………………

**FICM Tutor / Educational supervisor’s signature**:…………………………………………………………**Date:…………………………………**