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# Assessment Materials

## 1.1 Red/Amber/Green [RAG] Assessment Status

This manual contains a Training Record template for use by tACCPs. This is designed to provide outcome paperwork enabling tACCPs to demonstrate their acquisition of capabilities required by the ACCP curriculum. Capability acquisition is measured via a R(ed) A(mber) G(reen) ‘traffic light’ system:

|  |  |
| --- | --- |
| RED | Not achieved at stage appropriate for training – detail plans for review |
| AMBER | Partially achieved / currently under development |
| GREEN | Fully achieved / standard met |

This measuring system is commonly used in nurse training and should be familiar to many ACCPs.

## 1.2 Required Number of Supervised Learning Events

Please see *Part I*, Section 5 for more information on SLEs and their use.

The purpose of SLEs is not to tick off each individual capability but through a process of supervised apprenticeship to provide a series of snapshots of work, from the general features of which it can be inferred whether the tACCP is making the necessary progress, not only in the specific work observed, but in related areas of the application of knowledge and skill.

Given the inherent 2-year time restriction within the training programme, a minimum number of SLEs has been specified, but these numbers should be viewed as an absolute minimum. The actual number of observations of work required will depend on the individual tACCP’s progress and guidance from their supervisors; tACCPs should be encouraged to undertake as many SLEs as they feel is needed to support their acquisition of capability. The Faculty’s aim is always to maintain training standards and quality without developing undue ‘assessment burden’ for trainers and tACCPs.

Formative SLEs can be used to ‘inform’ the tACCP of their ability and skill level for events and procedures. However, for procedures, there should be a summative SLE to ‘sign-off’ the capability of the tACCP to carry out the skill/procedure independently.

As a minimum standard, tACCPs must have at least two pieces of satisfactory assessment evidence for every capability required for sign-off, though it is expected that tACCPs will ultimately have multiple assessment mapping to multiple capabilities. For some sections of the curriculum (i.e., Practical Procedures) it is expected that more than one assessment will be required, at the discretion of local trainers.

Once again it must be stressed that there is no single, valid, reliable test of capability and the Annual Review of Competency Progression [ARCP] will review all the evidence, triangulating performance measured by different instruments, before drawing conclusions about a tACCP’s progress (see *Part I*, section 6).

[Fig 1 below](#_Fig_1:_) represents the minimum number of clinical assessments to be included in the tACCPs portfolio for submission at the end of each academic year.

### Fig 1: Minimum assessments

|  |  |
| --- | --- |
| Minimum Assessments per ACCP Academic Year | |
| Assessment | Minimum No. |
| Direct Observation of Procedural Skills [DOPS] | 8 |
| Acute Care Assessment Tool [ACAT] | 4 |
| Case-based Discussion [CBD] | 10 |
| ICM Mini-Clinical Evaluation Exercise [Mini-CEX] | 2 |
| Multi-Source Feedback [MSF]  (including self-assessment exercise within specified domains) | 1 |
| Logbook Summary – demonstrating activities, patient involvement, practical procedures, and critical incidents.  *Note:* No patient identifiable material should be stored or presented. | 1 |
| Records of reflective practice – 500 words max. | 2 |
| Summary of all formal teaching sessions and courses attended | 1 |

## 1.3 Recording levels of supervision

Please see *Part I*, section 7 for more information on Supervision.

The critical nature of ICU work necessitates very close supervision of tACCPs. However, this must be balanced against the need for tACCPs to develop towards independent, expert practitioners. As always patient safety is the most important priority and must override any other apparent training needs.

Overall supervision (direct or indirect) will be provided by a Consultant in Intensive Care Medicine [ICM] but elements of supervision could be provided by other senior medical practitioners, where deemed appropriate by the LCL. Where the supervising Consultant in ICM is not physically present, they must always be readily available for consultation, and it is identified that ultimate responsibility for standards of patient care lies with the Consultant in ICM.

Core capabilities based on the National Competency Framework for Advanced Critical Care Practitioners [2008] specifies practice and supervision levels as defined below:

### Fig 2: ACCP levels of supervision

|  |  |
| --- | --- |
| Direct Supervision [DS] | Is able to perform under full direct supervision  (*Direct* = Consultant physically present and overseeing procedure) |
| Indirect Supervision [IS] | Is able to perform under indirect supervision  (*Indirect* = supervising Consultant is not physically present but is available to tACCP within 5 to 30 minutes) |
| Independent Practice [IP] | Is able to perform fully independently without any Consultant input or monitoring. |
| Demonstrates Knowledge [DK] | Is able to demonstrate knowledge of the relevant procedure. |

Supervising Consultants in ICM will be accountable overall for the work of the ACCP, in a similar manner to their responsibilities for trainee doctors. ACCPs will still be accountable for their own practice, within the boundaries of supervision and defined scope of practice. The ACCP will work in association with and under the supervision of the Consultant as an integral part of the critical care team.

# ACCP Training Record

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of tACCP: |  | | | | Hospital(s): |  | | | NMC/HPC/GPhC Number: |  |
|  |  | | | |  |  | | |  |  |
| Training period from: (DD/MM/YYYY) | |  |  |  | To: (DD/MM/YYYY) |  |  |  |

*Note:*tACCPs should maintain a Training Record (with required signoffs) as part of the training portfolio developed throughout their ACCP training programme.

RAG Assessment Key

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RED | Not achieved at stage appropriate for training – detail plans for review | AMBER | Partially achieved / currently under development | GREEN | Fully achieved / standard met |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Domain and Capabilities | R | A | G | Clinical Assessment | HEI | Educational Supervisor / HEI Tutor | |
| Sign-off | Date |
| Core Knowledge | | | | | |  |  |
| 2.1 Professional Skills: Anatomy, physiology and basic science |  |  |  |  |  |  |  |
| 2.2 Clinical Skills: History taking and examination |  |  |  |  |  |  |  |
| 2.3 Clinical Skills: Radiology |  |  |  |  |  |  |  |
| 2.4 Principles of microbiology |  |  |  |  |  |  |  |
| 2.5 Principles of laboratory medicine |  |  |  |  |  |  |  |
| 2.6 Principles of pharmacology and prescribing |  |  |  |  |  |  |  |
| 2.7 Technology in critical care |  |  |  |  |  |  |  |
| 2.8 Discharge planning and rehabilitation |  |  |  |  |  |  |  |
| 2.9 End of life care |  |  |  |  |  |  |  |
| 2.10 Organ/tissue donation |  |  |  |  |  |  |  |
| 2.11 Surgical procedures |  |  |  |  |  |  |  |
| Common Capabilities | | | | | |  |  |
| Basic Clinical Capabilities | | | | | |  |  |
| 3.1 History Taking |  |  |  |  |  |  |  |
| 3.2 Clinical Examination |  |  |  |  |  |  |  |
| 3.3 Therapeutics and safe prescribing |  |  |  |  |  |  |  |
| Integrated Clinical Practice and Patient Safety | | | | | |  |  |
| 3.4 Time management and personal organisation |  |  |  |  |  |  |  |
| 3.5 Decision making and clinical reasoning |  |  |  |  |  |  |  |
| 3.6 The patient as a central focus of care |  |  |  |  |  |  |  |
| 3.7 Prioritisation of patient safety in clinical practice |  |  |  |  |  |  |  |
| 3.8 Team working and patient safety |  |  |  |  |  |  |  |
| 3.9 Principles of quality and safety management |  |  |  |  |  |  |  |
| 3.10 Infection control |  |  |  |  |  |  |  |
| 3.11 Environmental protection and emergency planning |  |  |  |  |  |  |  |
| 3.12 Managing long term conditions and promoting patient self-care |  |  |  |  |  |  |  |
| Communication | | | | | |  |  |
| 3.13 Relationships with patients and communication within a consultation |  |  |  |  |  |  |  |
| 3.14 Breaking bad news |  |  |  |  |  |  |  |
| 3.15 Dealing with complaints and medical error |  |  |  |  |  |  |  |
| 3.16 Communication with colleagues and cooperation |  |  |  |  |  |  |  |
| Legal and Ethical Aspects of Care | | | | | |  |  |
| 3.17 Principles of medical ethics and confidentiality |  |  |  |  |  |  |  |
| 3.18 Valid consent |  |  |  |  |  |  |  |
| 3.19 Legal framework for practice |  |  |  |  |  |  |  |
| 3.20 Ethical research |  |  |  |  |  |  |  |
| 3.21 Working within the scope of practice |  |  |  |  |  |  |  |
| Standards of Care and Education | | | | | |  |  |
| 3.22 Evidence and guidelines |  |  |  |  |  |  |  |
| 3.23 Audit and quality improvement |  |  |  |  |  |  |  |
| 3.24 Education: Teaching and training |  |  |  |  |  |  |  |
| 3.25 Health promotion and health improvement |  |  |  |  |  |  |  |
| Personal Attitudes and Behaviours | | | | | |  |  |
| 3.26 Personal behaviour |  |  |  |  |  |  |  |
| Management and Leadership | | | | | |  |  |
| 3.27 Management and NHS structure |  |  |  |  |  |  |  |
| Specialist Intensive Care Medicine Capabilities | | | | | |  |  |
| Clinical Capabilities | | | | | |  |  |
| 4.1  Resuscitation and first stage management of the critically ill patient |  |  |  |  |  |  |  |
| 4.2  Interpretation of clinical data and investigations in the assessment  and management of critical care patients |  |  |  |  |  |  |  |
| 4.3  Diagnosis and disease management within the scope of critical care |  |  |  |  |  |  |  |
| 4.4  Therapeutic interventions/organ system support |  |  |  |  |  |  |  |
| 4.5  Practical procedures |  |  |  |  |  |  |  |
| 4.6  Perioperative care |  |  |  |  |  |  |  |
| 4.7  Patient comfort and psychological care |  |  |  |  |  |  |  |
| 4.8  Discharge planning and rehabilitation |  |  |  |  |  |  |  |
| 4.9  End of life care |  |  |  |  |  |  |  |
| 4.10 Patient Transport |  |  |  |  |  |  |  |
| Professional Capabilities | | | | | |  |  |
| 4.11 Patient safety and health systems management |  |  |  |  |  |  |  |
| 4.12 Professionalism |  |  |  |  |  |  |  |
| Leadership Capabilities | | | | | |  |  |
| 4.13 Professional relationships with members of the healthcare team |  |  |  |  |  |  |  |
| 4.14 Development of clinical practice |  |  |  |  |  |  |  |
| Teaching and Supervising Capabilities | | | | | |  |  |
| 4.15 Participates in multi-disciplinary teaching and assessment of others |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please add further rows to table as required.* | | | | | |
| Trainer Comments | Trainer Signature | Date (DD/MM/YYYY) | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# ACCP Logbook Summary

*Please use a CROSS (X) for each question and complete this form in BLOCK CAPITALS*

|  |  |  |
| --- | --- | --- |
| tACCP Name: |  | |
| NMC/HPC/GPhC Number: |  | **MUST BE PROVIDED** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Training period from: (DD/MM/YYYY) |  |  |  | To: (DD/MM/YYYY) |  |  |  |

|  |  |
| --- | --- |
| Hospital placement: |  |
| Total beds: | Level 2: Level 3: Mixed 2/3: |
| Year within ACCP training: | Year 1  Year 2 |
| Specialty: | General  Cardiac  Neuro |

|  |  |
| --- | --- |
| Total unit admissions during placement: |  |

### Please Note: ‘Specialist’ list is not exhaustive; additional lines and procedures may be added to table for specific unit clinical need.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Procedure | Direct  Supervision [DS] | Indirect Supervision [IS] | Independent Practice [IP] | Demonstrates Knowledge [DK] |
| CORE | Peripheral venous cannulation |  |  |  |  |
| Arterial cannulation |  |  |  |  |
| Central venous cannulation |  |  |  |  |
| Nasogastric tube insertion |  |  |  |  |
| Urinary catheterisation |  |  |  |  |
| Defibrillation in cardiac arrest |  |  |  |  |
| Dialysis catheter insertion |  |  |  |  |
|  | | | | | |
| SPECIALIST | Pulmonary artery flotation catheter insertion |  |  |  |  |
| Endotracheal intubation |  |  |  |  |
| Laryngeal mask airway insertion |  |  |  |  |
| Insertion of TOE probe |  |  |  |  |
| Bronchoscopy |  |  |  |  |
| Cardioversion |  |  |  |  |
| Intra-aortic balloon pump removal |  |  |  |  |
| Thromboelastography/ROTEM analysis |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# ACCP Educational Agreement

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| tACCP: |  | | | | | | NMC/HPC/GPhC Number: | |  | |
|  |  | | | | | |  | |  | |
| Training period  from: (DD/MM/YYYY) |  |  |  | To: (DD/MM/YYYY) |  |  |  | Year within ACCP  Training:(e.g., 1, 2) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATIONAL SUPERVISOR: |  | Ed Supervisor  GMC Number: |  |

|  |  |
| --- | --- |
| Hospital and ICU: |  |

|  |  |
| --- | --- |
| HEI TUTOR: |  |

|  |  |
| --- | --- |
| Higher Education Institution: |  |

Objectives:(*Please add further lines to table as required*)

|  |
| --- |
| Clinical management: |
|  |
| Practical procedures: |
|  |
| ICU management: |
|  |
| Audit, research, presentations: |
|  |
| Teaching: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date for next review of progress in achieving educational goals: (DD/MM/YYYY) |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| tACCP Signature: |  | Date:  (DD/MM/YYYY) |  |  |  |
|  |

I agree to complete and keep up to date the appropriate training documents relevant to this training attachment and that the result of any assessment of this attachment can be passed on to my next Educational Supervisor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EDUCATIONAL SUPERVISOR  Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HEI TUTOR Signature: |  | Date:  (DD/MM/YYYY) |  |  |  |
|  |

# ACCP Trainee – Consultant Feedback Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of tACCP: |  | | | | | | NMC/HPC/GPhC Number: | |  |
|  | | | | | | | | | |
| Training period from:  (DD/MM/YYYY) |  |  |  | To: (DD/MM/YYYY) |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of CONSULTANT: |  | | | | | | GMC Number: | | |  | |
|  | | | | | | | | | |  | |
| I am this tACCP’s supervising Consultant (tick as appropriate): | | | | | Yes |  | | No |  |  | |
|  | | | | | | | | | |  | |
| I have worked with this tACCP: | | Frequently |  | A few times | |  | | Only 1-2  times |  | Never |  |

*Please Note:* if you tick ‘Unacceptable’ or ‘Cause for Concern’ for any area then you must provide explanatory comments.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Appropriate  to Grade | | Cause for  Concern | | Unacceptable | | Unable to comment |
| *Clinical Skills* | | | | | | | |
| Knowledge | Adequate and up to date. | *Tick* | Occasional gaps in knowledge. | *Tick* | Lacks essentials. Poor ability to apply knowledge. | *Tick* | *Tick* |
| Judgement | Normally good application of knowledge. Appropriately seeks advice. | *Tick* | Poor application of knowledge. May fail to ask for help when necessary. | *Tick* | Unreliable. Fails to grasp significance of situations. Fails to recognise limitations and seek advice appropriately. | *Tick* | *Tick* |
| Practical skills | Normally good. | *Tick* | Difficulty with some procedures. | *Tick* | Poor skills for stage of training | *Tick* | *Tick* |
| *Personal characteristics* | | | | | | | |
| Initiative | Normally shows initiative, takes responsibility appropriately. | *Tick* | Needs pushing and may fail to show initiative. Slow to take responsibility. | *Tick* | No initiative. Does not take responsibility. | *Tick* | *Tick* |
| Manner | Good sense of team. Good working relationships. | *Tick* | May be careless of others. May have difficulty team working. May make rather than solve problems. | *Tick* | May be rude or arrogant. Careless of others. Poor sense of team. Causes rather than solves problems. | *Tick* | *Tick* |
| Organisational ability | Normally well prepared and organised. Deals competently with admin tasks. Adapts to local policies. | *Tick* | May be unprepared and poorly organised. Muddles some admin tasks. Slow to adapt to local policies. | *Tick* | Poorly prepared and disorganised. Unreliable with admin tasks. Fails to adapt to local policies. | *Tick* | *Tick* |
| Communication skills | Good communicator. Establishes rapport. Listens well. | *Tick* | Sometimes has communication difficulties with staff, patients, or relatives. | *Tick* | Often has communication difficulties with staff, patients, or relatives. | *Tick* | *Tick* |
| Time keeping & reliability | Punctual and reliable. Warns department of problems. | *Tick* | Sometimes late or unreliable. Has failed to warn of problems. | *Tick* | Often late or unreliable. Usually does not warn of problems. | *Tick* | *Tick* |
| Involvement in department | Participates in departmental activities. | *Tick* | Participation below that expected. | *Tick* | Rarely participates in any departmental activity. | *Tick* | *Tick* |
| Confidence | Appropriate confidence. | *Tick* | Occasional over/under confidence (must specify in comments). | *Tick* | Consistent over or under confidence (must specify in comments). | *Tick* | *Tick* |

*Please provide comments and signature overleaf >>*

Individual comments on tACCPs performance: (must *be provided for any areas marked ‘Cause for Concern’ or ‘Unacceptable’*)

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CONSULTANT Signature: |  | Date:  (DD/MM/YYYY) |  |  |  |
|  |

# ACCP Quarterly Summation of Consultant Assessments

|  |  |  |  |
| --- | --- | --- | --- |
| tACCP: |  | NMC/HPC/GPhC Number: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Training period  from: (DD/MM/YYYY) |  |  |  | To: (DD/MM/YYYY) |  |  |  | Year within ACCP Training:(e.g., 1, 2) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATIONAL SUPERVISOR: |  | GMC Number: |  |
|  | | |  |

*Please Note:**Frequency of marks in each box represents forms returned by Consultants*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Appropriate  to Grade | Cause for  Concern | Unacceptable | Unable to  comment |
| *Clinical Skills* | | | | |
| Knowledge |  |  |  |  |
| Judgement |  |  |  |  |
| Practical skills |  |  |  |  |
| *Personal characteristics* | | | | |
| Initiative |  |  |  |  |
| Manner |  |  |  |  |
| Organisational ability |  |  |  |  |
| Communication skills |  |  |  |  |
| Time keeping & reliability |  |  |  |  |
| Involvement in department |  |  |  |  |
| Confidence |  |  |  |  |

Verbatim copy of comments by individual Consultants:

|  |
| --- |
|  |

*Please provide comments and signatures overleaf >>*

Record of Dialogue – Educational Supervisor comments:

|  |
| --- |
|  |

tACCP comments:

|  |
| --- |
|  |

Clinical Lead comments:

|  |
| --- |
|  |

SWOT analysis & 4-month learning plan:

|  |
| --- |
| Strengths |
|  |
| Weaknesses |
|  |
| Opportunities |
|  |
| Threats |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EDUCATIONAL SUPERVISOR  Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|

I hereby certify that this is a true copy of the comments written by Consultants about this tACCP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This Summation has been discussed by me with the ACCP Local Clinical Lead | Yes | *Tick* | No | *Tick* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| tACCP Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|

# Higher Education Institution [HEI] End of Attachment Assessment

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| tACCP: |  | | | | | | NMC/HPC/GPhC Number: | |  | |
|  |  | | | | | |  | |  | |
| Training period  from: (DD/MM/YYYY) |  |  |  | To: (DD/MM/YYYY) |  |  |  | Year within ACCP  Training:(e.g., 1, 2) | |  |

|  |  |
| --- | --- |
| HEI TUTOR: |  |
|  | | |
| Higher Education Institution: |  |
|  |

Modules completed during attachment:(*Please add further lines to table as required*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Module | Level Achieved (*Tick*) | | | | Credits Awarded | |
| FAIL | RESUBMIT | PASS | DISTINCTION |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  | Total Credits: |  | /60 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Has the tACCP achieved 120 credits at M level? | Yes | *Tick* | No | *Tick* | N/A at this stage of training | *Tick* |

|  |  |  |  |
| --- | --- | --- | --- |
| If Yes, please enter Date of Exam Board: (DD/MM/YYYY) |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Has the tACCP achieved award of PG Diploma in Advanced Critical Care Practice? | Yes | *Tick* | No | *Tick* | N/A at this stage of training | *Tick* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Has the tACCP progressed to MSc 3rd year? | Yes | *Tick* | No | *Tick* | N/A at this stage of training | *Tick* |

|  |  |  |  |
| --- | --- | --- | --- |
| MSc 3rd year to be completed by: (DD/MM/YYYY) |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| tACCP Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HEI TUTOR  Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EDUCATIONAL SUPERVISOR  Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|

# Educational Supervisor’s Report

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| tACCP: |  | | | | | | NMC/HPC/GPhC Number: | |  | |
|  |  | | | | | |  | |  | |
| Training period  from: (DD/MM/YYYY) |  |  |  | To: (DD/MM/YYYY) |  |  |  | Year within ACCP  Training:(e.g., 1, 2) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATIONAL SUPERVISOR: |  | Ed Supervisor  GMC Number: |  |

|  |  |
| --- | --- |
| Hospital and ICU: |  |

|  |  |
| --- | --- |
| HEI TUTOR: |  |

|  |  |
| --- | --- |
| Higher Education Institution: |  |

Has the tACCP completed the following as appropriate to their level of ACCP training?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All required clinical capabilities to the appropriate level | Yes | *Tick* | No | *Tick* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All required HEI modules to the appropriate level | Yes | *Tick* | No | *Tick* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACCP Logbook Summary | Yes | *Tick* | No | *Tick* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACCP Training Record completed to appropriate level | Yes | *Tick* | No | *Tick* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACCP Consultant feedback appropriate to their grade | Yes | *Tick* | No | *Tick* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Undertaken all training in supernumerary capacity? | Yes | *Tick* | No | *Tick* |

If the answer to any of the above is ‘No’, you must provide comments:

|  |
| --- |
|  |

Additional Evidence:(*e.g., Logbook, audit reports, research, publications – please add further lines to table as required*)

|  |  |
| --- | --- |
| Evidence | Comments |
|  |  |
|  |  |
|  |  |
|  |  |

*Please provide comments and signatures overleaf >>*

Objectives:(*Please add further lines to table as required*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Clinical management: | | | | |
| Objective | Objective Achieved? (*Tick*) | | | Comments |
| NO | PARTIALLY | YES |
|  |  |  |  |  |
| Practical procedures: | | | | |
| Objective | Objective Achieved? (*Tick*) | | | Comments |
| NO | PARTIALLY | YES |
|  |  |  |  |  |
| ICU management: | | | | |
| Objective | Objective Achieved? (*Tick*) | | | Comments |
| NO | PARTIALLY | YES |
|  |  |  |  |  |
| Audit, research, presentations: | | | | |
| Objective | Objective Achieved? (*Tick*) | | | Comments |
| NO | PARTIALLY | YES |
|  |  |  |  |  |
| Teaching: | | | | |
| Objective | Objective Achieved? (*Tick*) | | | Comments |
| NO | PARTIALLY | YES |
|  |  |  |  |  |

EDUCATIONAL SUPERVISOR comments:

|  |
| --- |
|  |

tACCP comments:

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| tACCP  Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EDUCATIONAL SUPERVISOR  Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HEI TUTOR  Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|

# ACCP Annual Review of Competency Progression [ARCP]

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of tACCP: | |  | | | | | NMC/HPC/GPhC Number: | | | |  |
|  |  | | | | | | | | | | |
| Date of Review: | |  |  |  | Year within ACCP training: (e.g.,1, 2) |  | | |
|  | | | | | | | | | |
| Period covered from:  (DD/MM/YYYY) | |  |  |  | To: (DD/MM/YYYY) |  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Programme End Date: (prior to review) |  |  |  |

|  |  |  |
| --- | --- | --- |
| Names of ARCP Panel  and appointment:(ACCP Local Clinical Lead  etc.) |  |  |
|  |  |
|  |  |
|  |  |

*Please tick to denote all required evidence has been submitted*

|  |  |  |  |
| --- | --- | --- | --- |
| Documentation taken into account and known to the tACCP | | | |
| Record of official capabilities as matched against syllabus/curriculum | *Tick* | Quarterly Summation of Consultant assessments | *Tick* |
| Record of DOPS assessments | *Tick* | Logbook of Practical procedures | *Tick* |
| Record of CBD assessments | *Tick* | University modules | *Tick* |
| Record of Mini-CEX assessments | *Tick* | Record of audit activity | *Tick* |
| Record of ACAT assessments | *Tick* | Record of teaching activity | *Tick* |
| Records of Reflective practice | *Tick* | Record of research activity | *Tick* |
| Multi-Source Feedback | *Tick* | Record of critical incident reporting | *Tick* |
| Record of course teaching days attended and/or undertaken (minimum 80% attendance) | *Tick* | Record of patient feedback | *Tick* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the tACCP satisfactorily completed all mandated assessments? | Yes | *Tick* | No | *Tick* |

|  |  |
| --- | --- |
| Recommended Outcomes from Review Panel | |
| Satisfactory Progress |  |
| 1. Achieving progress and capabilities at the expected rate |  |
| Unsatisfactory Evidence Detailsmust *be provided overleaf* |  |
| 1. Development of specific capabilities required – additional training time not required |  |
| 1. Inadequate progress by the tACCP – additional training time required |  |
| 1. Released from training programme with or without specified capabilities |  |
| Insufficient EvidenceDetailsmust *be provided overleaf* |  |
| 1. Incomplete evidence presented – additional training time may be required |  |
| Recommendation for completion of training programme (Year 2 only) |  |
| 1. Gained all required capabilities for the programme |  |

# Supplementary documentation for ARCP Outcome Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of tACCP: | |  | NMC/HPC/GPhC Number: |  |
|  |  | | | | |
| Outcome Recommended: | |  |

Detailed Reasons for Recommended Outcome:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

Discussion with tACCP:

|  |
| --- |
| Mitigating circumstances |
|  |
| Capabilities that need to be developed |
|  |
| Recommended actions |
|  |
| Recommended additional training time (if required) |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of next review: |  |  |  | Recommended programme End Date: (if changed from front page of RCP assessment) |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ARCP PANEL CHAIR Signature**:** |  | Date: (DD/MM/YYYY) |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| tACCP  Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LOCAL CLINICAL LEAD  Signature: |  | Date: (DD/MM/YYYY) |  |  |  |
|  |