

# 2010

## Nottingham & East Midlands School of Anaesthesia

## Intermediate Level – ST3 & ST4 Training Portfolio



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# INTRODUCTION TO THE TRAINING PORTFOLIO INTERMEDIATE LEVEL TRAINING

This portfolio is a modified version of the StR Portfolio published in August 2007 by the Royal College of Anaesthetists (RCoA). It incorporates the NHS Appraisal Portfolio for trainees. All Intermediate Level trainees in the School of Anaesthesia will be expected to use this format for their personal portfolio.

## **NHS Appraisal**

Appraisal has been an important part of Medical Education for many years – “education appraisal” is a vital part of a doctor’s development. The drive for a formal Appraisal process for all doctors in the NHS came from the introduction of the concept of Clinical Governance, first outlined in 1998. The aims of NHS Appraisal are:

- To set out personal and professional development needs, career paths and goals.
- To agree plans for them to be met.
- Review the doctor’s performance
- To consider the doctor’s contribution to the quality & improvement of local healthcare services.

Appraisal has been introduced by the DoH for all doctors working in the NHS. This guidance and document relates to Doctors in Training. All doctors in training must be part of the Appraisal process, which provides feedback on performance and continuing progress, and to identify educational and development needs.

## **The Principles of Appraisal**

Appraisal is based around the GMC’s document “Good Medical Practice” (2006), which describes the principles of Good Medical Practice (GMP), and the standards of competence, care and conduct expected of doctors in all aspects of their professional work. These are:

- Good Clinical Care
- Maintaining Good Medical Practice
- Teaching and Training
- Relationships with patients
- Working with colleagues
- Probity
- Health

The first heading of GMP - Good Clinical Care - is speciality specific and for the majority of trainees; the information provided will be their College Logbook and assessment documents. The other headings of GMP are common to all doctors and the information required is detailed in this document.

## **Appraisal as part of the Training Programme**

The Appraisal process for doctors in training must encompass the educational processes and documentation already in place for the CCT programme. This portfolio provides the framework into which CCT documentation can be inserted or collated both for appraisals within the CCT training programme and to support the Annual Review of Competence Progression – the ARCP.

Trainees should therefore use this portfolio to collate evidence and documentation. The portfolio is not an end in itself, it is a means to an end; it is a framework into which relevant information can be placed or appended and to give a structure to its presentation.

## **Training Documentation for Anaesthesia: Web based document links**

### **1. Royal College of Anaesthetists**

The curriculum for specialist training in anaesthesia is set out by the Royal College of Anaesthetists. The 2007 and 2010 curricula can be downloaded from the RCA website and it is essential that you are familiar with them.

<http://www.rcoa.ac.uk>

The Royal College of Anaesthetists has also produced documentation to record the use of the clinical assessment tools in the workplace (DOPS, anaes-CEX, CBD, MSF). These should be downloaded from the website.

### **2. MMC – The Gold Guide**

The curriculum for specialist training in anaesthesia should be read in conjunction with The Gold Guide “A Guide to Postgraduate Speciality Training in the UK”. This guide can be downloaded from the MMC website and it is important that trainees are familiar with the scope of the guidance.

<http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL222.pdf>

### **3. Training in Intensive Care Medicine**

Training in ICM in the U.K. is supervised by the Intercollegiate Board for Training in Intensive Care Medicine (IBTICM), which includes representatives of the Royal Colleges of Anaesthetists, Physicians and Surgeons. The training programme is intended to be taken within a main specialty training programme (anaesthesia, medicine, surgery, emergency medicine) but might require an extension to the overall programme of training. The Board has recognised around 200 intensive care units, including specialised ICUs, for delivery of specialist training in ICM, and has appointed Regional Advisors in ICM and, in the individual units, Intercollegiate Board Tutors.

If a trainee is interested in undertaking a CCT in Intensive Care Medicine it is important to seek the advice of the Regional Advisor or IB Tutor for ICM at an early stage. For these trainees it is important that assessment documentation produced by the IBTICM should be used during ICU attachments.

Intercollegiate Board for Training in Intensive Care Medicine (IBTICM)

<http://www.ibticm.org/>

### **4. East Midlands Deanery**

East Midlands Healthcare Workforce Deanery (EMHWD) came into existence on April 1st 2007 and brought together not only the cultures of two pre-existing organisations (Trent and LNR deaneries) but also their respective business plans, organisational arrangements and processes. A recent Postgraduate Medical Education Training Board visit commended the steps taken to

establish a new organisation with common values, organisational arrangements, processes and objectives but also emphasised that there is still much to be done.

Within the 'Doctors in Training' section you will find much of the pre existing information pertaining to Trent and LNR deaneries now organised as the 'North' and 'South' Centres of Postgraduate Centres for Medical Education. Deanery documents such as those for inter-deanery transfer requests, out of programme training and flexible training may be downloaded from the website.

<http://www.eastmidlandsdeanery.nhs.uk/>

## **5. Nottingham and East Midlands School of Anaesthesia**

The purpose of this website is to enable our trainees to find information relevant to their anaesthetic training in Nottingham and the East Midlands. The site provides information about the various anaesthetic departments, local teaching programmes and other educational resources.

The site contains key documents and is the place to find all local training documentation.

<http://www.nemsa.net>

## **6. Association of Anaesthetists of Great Britain & Ireland**

The Association represents the interests of a very considerable majority of anaesthetists in the United Kingdom and the Republic of Ireland and, through its overseas membership, has close contact with many other countries. Education remains a prime objective and to this end it runs a popular educational programme, open to both members and non-members. The Association is also active in the promotion and undertaking of research. It publishes guidelines on a range of issues of concern to anaesthetists and related specialties.

The trainee section of the AAGBI (GAT) has a membership encompassing over 95% of all anaesthetic trainees, some 3500 individuals in all. GAT members account for around one third of the total membership of the AAGBI.

<http://www.aagbi.org/>

## GLOSSARY

Appraisal	A process to provide feedback on doctors' performance, chart their continuing professional development, & identify their developmental needs.
Appraisee	The doctor undergoing appraisal.
Appraiser	A doctor who possess the skills and has undergone appropriate training to carry out appraisal.
Assessment	A formal process which examines performance. A variety of assessment methods will be used to cover all of the areas of Good Medical Practice and will include for example: examinations, structured observation, workplace assessment etc.
Clinical Governance	A system through which Health Care Organisations are responsible for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.
Educational Appraisal	A process, which involves a trainee and an Education Supervisor, which is personal and reviews progress and plans future training. It is vital that such meetings take place at the start of each placement.
Annual Review of Competence Progression (ARCP)	Annual assessment process for Specialty Training which takes place on an annual basis and examines the evidence documenting progress and performance. A range of assessment methods are used to gather this evidence and will inform the annual assessment outcome of progress.

# SECTION 1

## PERSONAL DETAILS

Instructions for completing Form 1

- Enter your personal details on Form 1.
- Update the form as your career develops e.g. you acquires a new qualification.
- Include a current CV in this section.

**FORM 1: PERSONAL DETAILS**

<b>Surname</b>		<b>First Name</b>		<b>Photo</b>
<b>Other names</b>				
<b>Date of birth</b>			1 9	

<b>ADDRESSES</b>	<b>GMC Registered Address</b>	<b>Contact Address (if different)</b>
<b>Telephone Home</b>		<b>Telephone Mobile</b>
<b>e-mail</b>		

<b>GMC REGISTRATION</b>			
<b>GMC Number</b>		<b>Type of Registration <sup>1</sup></b>	Full / Limited
<b>Date Full Reg</b>		<b>GMC Annual Reg Date</b>	2 0
<b>Are there any current / pending / past <sup>2</sup> challenges to your registration?</b>		Yes / No	
<b>If "Yes" please provide details</b>			

<b>QUALIFICATIONS</b>			
	<b>Qualification</b>	<b>Awarding Body</b>	<b>Year Awarded</b>
<b>Primary Medical Qualification</b>			
<b>Other relevant Qualifications</b>			

<b>Deanery</b>	East Midlands (North)	<b>School of Anaesthesia</b>	Nottingham and East Midlands
<b>Date last appraisal</b>			2 0

<b>NTN</b>		<b>Forecast date of CCT</b>		2
<b>RCA ref no.</b>				



# CURRICULUM VITAE

(current)

# SECTION 2

## CURRENT MEDICAL ACTIVITIES

The purpose of this Section is to provide you with an opportunity to describe your post in further detail. This is also the area of your portfolio used to monitor progress with the Intermediate Level Training units and the Fundamental Transferable Skills identified by the RCA.

Instructions for completing Form 2

1. Include a copy of your job description and Training Agreement.
2. In “Details of emergency, on-call and out-of-hours responsibilities” include a description of your rota (e.g. 1:6) and whether you are full or LTFT (including %). Note whether the post is compliant or not with the approximate number of hours worked.
3. Complete your planned rotation summary
4. Enter progress with the Intermediate Level Training Units
5. Enter progress with the Fundamental Transferable Skills

**EMERGENCY AND OUT OF HOURS DUTIES DURING INTERMEDIATE TRAINING PROGRAMME (include details of particular rota, frequency and workload)**

**ANY COMMENTS REGARDING CURRENT PLACEMENT**  
Please use reflective notes for this if you prefer. See section 9

**NON-CLINICAL WORK IF APPLICABLE**  
(e.g. Teaching / Academic work, Management activities, Research)

**WORK FOR REGIONAL, NATIONAL OR INTERNATIONAL ORGANISATIONS,  
AND OTHER PROFESSIONAL ACTIVITIES**

Name:

.....

HOSPITAL	Grade	Tutor	Start Date (MM / YY)	Finish Date (MM / YY)	Modules / Sections

**FORM 2: TRAINING SUMMARY**

Name of Trainee: .....

Basic Level Training Certificate						
Date completed					2	

Units of Training	If completed, Date of Workplace Assessment and Name of Supervisor
<b>Cardiac/Thoracic Anaesthesia</b> Essential unit	
<b>Neuroanaesthesia, neuroradiology neurocritical care</b> Essential unit	
<b>Intensive Care Medicine</b> Essential unit – 3 month block	
<b>Paediatric anaesthesia</b> Essential unit	
<b>Obstetric anaesthesia</b> Essential unit	
<b>Pain medicine</b> Essential unit	
<b>General Duites</b> Essential unit	
<b>General surgery / Gynaecology / Urology</b>	
<b>Day surgery</b>	
<b>Ear, Nose &amp; Throat Maxillofacial/Dental,</b>	
<b>Orthopaedics</b>	
<b>Regional</b>	
<b>Trauma &amp; stabilisation</b>	
<b>Airway management</b>	
<b>Non-theatre</b>	
<b>Sedation</b>	
<b>Transfer medicine</b>	
<b>Critical Incidents</b>	
<b>Management of respiratory &amp; cardiac arrest</b>	
<b>Ophthalmic</b> Optional unit	
<b>Vascular</b> Optional unit	
<b>Plastic/Burns</b> Optional unit	

**Intermediate Level Training Certificate (formerly the SpR 1 & 2 Certificate of Training)**

Date completed:

					2			
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**NOTTINGHAM AND EAST MIDLANDS SCHOOL OF ANAESTHESIA**

**Record of Fundamental Transferable Skills**

Trainee: .....

Date of commencement of intermediate level training: .....

NTN: ..... RCA No.: .....

It is expected that an RCA DOPS clinical assessment document will be used to assess the skill on at least one occasion. Please record the date of each assessment and the name of the assessor.

SKILL	DESCRIPTION AND DATE OF ASSESSMENT		
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*Mandatory*

Aseptic technique	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:
Spinal (not obstetric)	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:
Epidural (not obstetric)	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:
Combined spinal & epidural	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:
Internal jugular line	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:
Arterial line	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:
Double lumen tube	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:

*Optional*

Subclavian line	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:
PA catheter	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:
Fibreoptic intubation	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:
Percutaneous tracheostomy	Name: Date: Tool used:	Name: Date: Tool used:	Name: Date: Tool used:

# SECTION 3

## ASSESSMENT DOCUMENTATION

This section of your portfolio maps to GMC:

**GOOD MEDICAL PRACTICE**      (a) **Good Medical Care**

In this section of your portfolio you are asked to include all assessment documentation which has been produced during your training.

All NEMSA workplace assessment documents are available to download from the NEMSA website.

RCA documents should be downloaded from the RCA website.

Assessment documentation should include:

- Specific workplace assessments for each of the training units
- Any clinical assessment tools used and a summary list (clinical assessment tools must be used for fundamental transferable skills assessment)
- Evidence of Progress in Examinations
- Certificates of provider status for any life support courses (ALS, ATLS etc)
- Intermediate Level training Certificate (once awarded)
- ARCP forms: educational supervisors report for ARCP and the ARCP outcome records



# SECTION 4

## LOG BOOK SUMMARIES

This section of your portfolio maps to GMC:

**GOOD MEDICAL PRACTICE** (a) **Good Medical Care**

Please file in this section log book summaries in the RCA format

Insert after this page and include:

- One summary for each six month placement
- One summary for ALL anaesthetic training (including basic level)
- Specific summary for ICM module (if applicable) comprising brief outline of cases and procedures

# SECTION 5

## LEARNING OUTSIDE THE CLINICAL ENVIRONMENT

This section of your portfolio maps to GMC:

**GOOD MEDICAL PRACTICE**      **(a) Good Medical Care**  
**(b) Maintaining Good Medical Care**

Please file in this section documents providing evidence of learning outside the clinical environment

Insert after this page and include:

- Diary of attendance at local teaching programme
- Record of external study days attended
- Certificates of attendance at study days including simulation centre training courses
- Certificates of attendance for any external study leave





# SECTION 6

## CLINICAL GOVERNANCE

This section of your portfolio maps to GMC:

**GOOD MEDICAL PRACTICE**      **(a) Good Medical Care**  
**(b) Maintaining Good Medical Care**

### AUDIT

Include in this section of your portfolio:

- Audit Project Summaries  
(NEMSA expects one completed audit project per year on average)
- Audit record and development plan (ongoing)
- List of audit meetings attended with brief summary of learning points

### OTHER CLINICAL GOVERNANCE ACTIVITIES

Include a record of non-audit clinical governance activities.

Examples may include:

- Attendance at local Morbidity and Mortality meetings
- Attendance at a Trust Induction Course
- Attendance at local Trust Health & Safety training courses
- Attendance at local Trust Infection Control training course
- Attendance at a local Trust Diversity & Equality training course
- Attendance at a local Trust Child Protection course
- Experience in local Trust Adverse Incident Reporting
- Any critical incident reports and outcomes
- Involvement in writing / reviewing local Trust clinical protocols or guidelines

Name: .....

Audit Title	Consultant supervisor	Planned start date (MM / YY)	Expected completion* date (MM / YY)	Comments e.g. source of audit standards, aim of project, project phase (planning, data collection, implementation) & plan if incomplete when rotating from location

\* Enter projected dates if no firm date for presentation / completion (& specify)

# RECORD OF CLINICAL GOVERNANCE ACTIVITIES

**NOTTINGHAM AND EAST MIDLANDS SCHOOL OF ANAESTHESIA**

Name of Trainee:

.....

**RECORD OF CLINICAL GOVERNANCE ACTIVITIES**

Date: \_\_\_\_\_

	Date of Activity	Description	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			



# SECTION 7 PROFESSIONALISM BEHAVIOUR , ATTITUDES, COMMUNICATION SKILLS

Include in this section all paperwork relevant to this domain:

- Multi-Source Feedback summaries – one or two per year
- NEMSA document for assessment of behaviour , attitudes and communication skills – minimum of two documents per year

## Relations with Patients

Include any thank you letters, compliments, patient questionnaire's or reviews.  
Include details of any complaints from patients with outcome.

## Working Relationships with Colleagues

Include details of any compliments or complaints or any incidents related to team-working.

## **Anaesthetic non-Technical Skills (ANTS)**

ANTS was developed by a team of Scottish anaesthetists working with the Department of Industrial Psychology at Aberdeen University. It was designed to provide an assessment tool for tutors and supervisors, based upon a cognitive task analysis of the working practices of anaesthetists. ANTS relies upon the systematic observation of real work and the focus is:

- to develop a culture of safety in anaesthetic education
- to place non-technical skills on the curriculum
- to be formative
- to be diagnostic
- to contribute to overall summative assessments.

Subsequent trials with trainers and trainees have shown that ANTS has the potential to give the insight necessary to improve their performance as assessors, appraisers and trainees. The College is considering how the ANTS methodology may be best incorporated into anaesthetic workplace based assessment and appraisals, and will be issuing further recommendations. Meanwhile, appraisers, assessors and trainees should familiarise themselves with the principles of ANTS and trainees should record this fact in their Personal Portfolio.

[http://www.abdn.ac.uk/iprc/papers%20reports/Ants/ANTS\\_handbook\\_v1.0\\_electronic\\_access\\_version.pdf](http://www.abdn.ac.uk/iprc/papers%20reports/Ants/ANTS_handbook_v1.0_electronic_access_version.pdf)

# SECTION 8

## PROFESSIONAL DEVELOPMENT

### PROFESSIONAL DEVELOPMENT

#### 8a: TEACHING AND MEDICAL EDUCATION

The purpose of this section is to record your teaching and training activities and any progress made in achieving the competences as set out below.

#### **Objectives**

- To become an effective supervisor and teacher of students and junior colleagues.
- To be capable of performing objective and reliable appraisal and assessment.
- To be able to contribute to the department's formal teaching programme by presenting reviews, case reports and research projects at conferences and tutorials.
- To be able to make the best use of audio-visual aids.

**Competences** Competency in teaching and medical education for anaesthetists should encompass the following elements:

#### *Knowledge*

- Principles of adult education.
- Principles of effective communication and teaching.
- Principles of appraisal, assessment and evaluation.
- Components of an effective learning environment.
- Principles of supervision and mentoring.
- Practicalities of educational supervision in anaesthesia: the roles and responsibilities of the Royal College of Anaesthetists, Regional Advisers, College Tutors, Programme Directors, Postgraduate Deans and individual teachers and trainers.
- Requirements for life-long learning: continuing education and professional development; developing an appreciation of its importance, its availability and funding.
- Role of simulators in anaesthetic education.

#### *Skills*

- Planning teaching and learning.
- Supervision of junior trainees and other learners.
- Small group teaching.
- Teaching in the operating theatre.
- Clinical teaching: ward rounds or outpatient clinic.
- Teaching practical skills.
- Preparing and delivering a lecture or presentation.
- Effective use of appropriate teaching aids.
- Preparing candidates for examination.
- Assessment and appraisal.
- Giving feedback effectively.

- Evaluation of teaching and courses.

*Attitudes*

- Display personal commitment to teaching and learning.
- Display sensitivity and responsiveness to the educational needs of students and junior doctors.
- Display required professional attitudes and values.

Examples of documentation which may be appropriate:

- Record of Teaching Activity
  - formal
  - informal (which is usually recorded in the logbook)
- Record of any training for teaching (including Generic Instructor Course)
- Record of any involvement in assessment activity of more junior trainees

# PROFESSIONAL DEVELOPMENT

## 8b: LEGAL AND ETHICAL

### MEDICAL ETHICS AND LAW

#### **Knowledge**

- Basic health care law, including:
- The *Bolam* principle.
- Informed consent.
- Consent and mental competence, and how to proceed in their absence
- consent in children & the *Gillick* principle.
- Legal requirements for record keeping.
- The Coroner's court and when to refer.
- End of life decisions and criminal law:
- Limits of treatment.
- Withdrawing and withholding treatment.
- Ethical principles governing research.

#### **Skills**

- Good communication skills.
- Assessment of competence.

#### **Attitudes**

- An empathic, non-coercive approach to the patient.
- Good communication and an empathic approach to the patient and relatives. The incapacitated should be treated as a person.

#### **Research Ethics**

- Research is a privilege not a right and patient safety is paramount.
- Planned research must be capable of answering the research question.
- All subjects must consent to being recruited.
- All must have ethics approval.
- Open honest approach to patients and recruits.

The purpose of this section is to consider and record your development in the legal and ethical domain. Keep any evidence of courses or training here. You may wish to use the reflective practice notes to record any interesting or difficult medico-legal or ethical situations.

# PROFESSIONAL DEVELOPMENT

## 8c: IT AND INFORMATICS

### INFORMATION TECHNOLOGY

**Introduction** Advances in Information Management and Technology (IM&T) have made, and will continue to make, radical changes to the way education, training and health care is delivered. To work effectively as a doctor in the NHS a trainee must have an appropriate level of knowledge and understanding of this technology. Trainees need to develop the skills to use the technology effectively in their clinical practice and understand its role in the organisation and planning of services within the NHS.

**General Computing Skills** Trainees should have acquired basic computing skills at an equivalent level to the European Computer Driving Licence and have an understanding of how more advanced skills might be employed in their practice and within the workplace.

Basic skills that should be acquired by trainees include:

- General concepts of information technology
- Managing files/folders, using the computer and storage media
- Word processing -preparing their curriculum vitae, case reports or scientific papers
- Spreadsheets –entering data and making simple analyses
- Presentations – using Powerpoint to deliver a presentation or lecture
- Databases-understanding how data is stored and retrieved
- Accessing the Internet to search for and retrieve information
- Basic communication skills using email

Advanced skills that trainees might acquire include:

- setting up and using database programs for audit and research
- using reference manager software in the production of manuscripts
- analysing research data with advanced statistical packages eg SPSS
- designing websites
- setting up intranet networks and servers

### **Healthcare Computer Systems**

Trainees should have a basic understanding of clinical and non-clinical computer systems used in healthcare delivery on a local and national level. They should be familiar with:

- patient administration systems (PAS)
- electronic patient records (EPR) including anaesthetic record systems and the
- importance of data quality
- theatre management systems
- integrated care pathways

### **Security and Confidentiality**

Trainees should understand the importance of security and confidentiality with information systems including:

- local and national NHS protocols for confidentiality and data protection

- GMC guidance
- personal and professional responsibilities in keeping a logbook
- the role of the Caldicott Guardian
- legislation underpinning this area such as the Freedom of Information Act 2000, Data Protection Act 1998, Computer Misuse Act 1992

### ***Data Quality***

Effective information systems rely on the accuracy and quality of the data they contain. Trainees should be aware of the issues surrounding data collection and analysis. These include the following areas:

- data entry, validation and error checking
- classification and coding of data (e.g. Read codes)
- basic statistical methodology for research, quality assurance and audit

### ***Information / Knowledge Management***

Trainees should understand the ways in which information, data and knowledge come together in the development of guidelines and protocols. An understanding of integrated care pathways would be useful to illustrate the place of IM&T in NHS policy and planning.

### ***Medical Informatics***

Medical informatics is the name given to the study of clinical information and communication processes. To be skilled in this area clinicians should be able to:

- understand the dynamic and uncertain nature of medical knowledge and know how to keep up-to-date
- search for and assess knowledge according to the statistical basis of scientific evidence
- interpret clinical data and deal with artefact and error
- analyse and structure clinical decisions in terms of risks and benefits
- adapt and apply clinical knowledge to the individual circumstances of patients
- access, assess, select and apply treatment guidelines, including local adaptation
- structure and record clinical data in a form appropriate for the immediate clinical task, for communication with colleagues, or for epidemiological purposes
- understand the implications of using different media to communicate

Trainees should use this area of their portfolio to record evidence of progress in this domain

# PROFESSIONAL DEVELOPMENT

## 8d: MANAGEMENT

### HEALTH CARE MANAGEMENT

Trainees need to develop, at a level appropriate to their stage of training, an understanding of the principles of management within the speciality and the National Health Service as a whole. It is recognised that the knowledge and skills **will be acquired over the totality of training** and will need to be constantly updated due to the changing organisational environment of the NHS. This section should be used to record evidence of progress made with the competences set out below.

#### Knowledge

- the structure and running of a department of anaesthesia and intensive care medicine, including the different roles of Departmental Chairman and Clinical Director;
- Develop an understanding of efficient operating theatre and day surgery unit utilisation and Critical Care bed occupancy.
- The responsibility of all doctors as managers as outlined in GMC guidance, Management for Doctors.
- Develop an understanding of the process of committees, how they function and the various roles of committee members, including the chair.
- Understand the committee and management structure at local level
- Develop an understanding of funding and contracting arrangements in secondary care
- Awareness of the responsibilities of the Trust Chief Executive, Medical Director, Nursing Director, Personnel Director, Finance Director, Non-Executive Directors and those of specific Clinical Directors
- Knowledge of risk management and relevant legislation such as equal opportunities and Health and Safety
- Understand the organisational structure of the NHS, at local and national level
- The process of drafting of local clinical guidelines and protocols
- Understand the morbidity and mortality reporting systems within the Trust and how these relate to national organisations, e.g. NCEPOD and the Confidential Enquiry into Maternal and Child Health (CEMACH)
- Understanding of complaints – how they arise and how they are managed
- Understand how to access the relevant documents issued by the Departments of Health (including those of the devolved administrations in Scotland, Wales and Northern Ireland), regional health offices, the Royal College of Anaesthetists and the Association of Anaesthetists.
- The terms and conditions of employment of medical staff, including Trust disciplinary procedures
- Understanding of relevance Trust policies, including Dignity and Respect, in the workplace
- The role and responsibilities of the occupational health department
- Understand the responsibilities of a doctor towards his/her patients and colleagues, in particular in the area of fitness to practice
- The mechanisms purpose and differences between appraisal, performance

## assessment and revalidation

- The structure, function and responsibilities of:
  - National bodies such as the Departments of Health, the Healthcare Commission (HCC), the National Institute for Health and Clinical Excellence (NICE), the National Patient Safety Agency (NPSA); National Clinical Assessment Service (NCAS); and the NHS Institute for Innovation and Improvement
  - Specialty specific bodies such as the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland
  - Representative bodies such as the British Medical Association (BMA), the Medical Protection Society (MPS) and the Medical Defence Union (MDU)
  - The role, responsibilities and sanctions of the General Medical Council;
  - The role of the Postgraduate Deanery in training and the responsibilities of Clinical Tutors/Director of Medical Education within the postgraduate education organisation
  - The role and responsibilities of the Postgraduate Medical Education and Training Board and the criteria for the awarding of a CCT in anaesthetics
  - The roles and responsibilities of Consultant staff involved in training, Regional Advisers, Programme Directors and College Tutors.

## Skills

- Participate in the preparation of day time and/or out of hours rotas for elective and emergency cover of the anaesthetic department, including allocations to educational opportunities
- attend business meetings of the relevant clinical directorate, including medical equipment purchasing meetings
- observe appointment interviews for trainee anaesthetists, and other junior non-medical members of the anaesthesia health care team
- “shadow” a senior member of medical management, e.g. clinical or medical director
- attending the open meeting of the Trust Board
- observing other Trust committees particularly those relating to clinical governance, audit, risk management and critical incident reporting
- basic understanding of how to produce a business plan
- Preparation for committee membership – reading agenda, understanding minutes and action points, background research on agenda items

# PROFESSIONAL DEVELOPMENT

## 8e: PRESENTATIONS, PUBLICATIONS, RESEARCH

Research is regarded by the RCoA as being integral to the development of anaesthesia, intensive care and pain management. Every trainee should be able to evaluate new developments in their specialty thus preparing themselves for their future career as a consultant.

To achieve this, trainees require experience in research methods so that they are able to:

- learn to pose relevant research questions
- formulate hypotheses
- design simple research projects
- understand the statistical evaluation of such projects
- know how to draw valid conclusions

Every trainee should be able to evaluate new developments in their specialty thus preparing themselves for their future career as a consultant.

At the intermediate training level, trainees rarely have the opportunity to undertake scientific studies. However they can be expected to:

- develop skills of critical literature appraisal
- in the context of training, learn to investigate the evidence base to clinical practice.

Include in this section:

- evidence of presentations
- journal club attendance and presentations
- any publications (letters, case reports, book reviews etc)
- any training in using evidence, critical appraisal or research methodology

# SECTION 9

## REFLECTIVE NOTES

This is the most personal section of your portfolio. You should take the time to make some brief notes about your progress, learning, training, assessment, appraisal, trainers etc. In fact this section can include personal views on any aspects of your learning and development.

You may choose to keep this section separately or you may wish to share it with friends, colleagues or trainers.

### **BRIEF GUIDANCE ON DEVELOPING & USING YOUR REFLECTIVE PRACTICE DOCUMENTATION**

Learning From Experience: good reflective practice is a core part of any learning programme.

There are three parts to this section:

#### **REFLECTIVE NOTES**

Being able to identify your challenges and discuss them with your educational supervisor will help you to define future learning opportunities and to apply what you are learning in the work environment. It will also allow you to reflect on your progress and performance. You should complete these notes before each educational appraisal.

#### **REFLECTIVE PRACTICE RECORD**

This is designed to encourage you to think about your specific experiences in the work place in a structured way, capturing the elements most pertinent to learning and development. You may choose to record in this way some of your most challenging experiences, including critical incidents.

#### **HOSPITAL PLACEMENT EVALUATION FORM**

You are encouraged to evaluate each of your hospital placements in respect of the areas outlined below. Without constructive feedback, either praise or criticism, it's difficult to evidence a need to improve training in some hospitals & congratulate trainers in others.

**Your feedback is treated in strictest confidence. You will not be identifiable when feedback is cascaded to individual hospitals.** You are encouraged to include free comment on the back of this form, if you wish.

Name of Trainee: \_\_\_\_\_

**NOTTINGHAM AND EAST MIDLANDS SCHOOL OF ANAESTHESIA**

**REFLECTIVE NOTES**

Date: \_\_\_\_\_

Suggested headings:

<b>How well do you think you are doing?</b>

<b>What could you have done better?</b>

<b>What can you do better in the future?</b>

<b>What additional help and support do you require / from whom?</b>

**NOTTINGHAM AND EAST MIDLANDS SCHOOL OF ANAESTHESIA  
REFLECTIVE PRACTICE RECORD FORM**

NAME OF TRAINEE

DATE

PLACEMENT

FROM:

TO:

You can use this template to record\* a variety of situations, including for example educational, clinical, ethical, legal or personal situations. Try to put time aside each day to reflect on the day's learning opportunities and identify any further learning needs.

1. Describe interesting, uncomfortable or difficult experiences. Try to record positive & not so positive elements. What made the experience memorable?
2. How did it affect you?
3. How did it affect the patient?
4. How did it affect the team?
5. What did you learn from the experience, and what (if anything) would you do differently next time?

\* Use STAR (Situation, Task, Action, Result)

**NOTTINGHAM AND EAST MIDLANDS SCHOOL OF ANAESTHESIA  
HOSPITAL PLACEMENT EVALUATION FORM**

NAME (OPTIONAL)

DATE

PLACEMENT

FROM:

TO:

You are encouraged to evaluate each of your hospital placements in respect of the areas outlined below. Without constructive feedback, either praise or criticism, it's difficult to evidence a need to improve training in some hospitals & congratulate trainers in others.

**Your feedback is treated in strictest confidence. You will not be identifiable when feedback is cascaded to individual hospitals.** You are encouraged to include free comment on the back of this form, if you wish.

PLEASE TICK, RING or DELETE as appropriate

Did you meet with your Tutor / Clinical Supervisor to discuss your training at the start of the placement?	YES	NO	
Did you meet the objectives set at the start of your attachment?	YES	NO	
Appraisal – Did you participate in an appraisal session at least every 6 months, during your attachment?	YES	NO	
Tutorials – Any difficulty getting time to attend?	YES	NO	
Study Leave – Were there any difficulties in obtaining time or funding for appropriate courses?	YES	NO	
Audit - Did you participate in audit activities?	YES	NO	
Supervised Sessions - in relation to your training needs	Frequent	Minimum needed (average 3 / wk)	< 3 per week i.e. mainly solo
Consultant present majority of time, i.e. good training gained	YES	NO	
Consultant present only fleetingly, i.e. poor training opportunity	YES	NO	
Solo Sessions - in relation to your training needs	Adequate in number & difficulty	Occasionally inappropriate	Inappropriate in type or number
How would you rate the clinical teaching in your department?	Excellent	Patchy	Poor
Out of Hours Cover	Senior support readily available	Support can be obtained but little teaching	Senior support is difficult to get
General facilities	Excellent	Adequate	Poor
Library / Study facilities	Excellent	Adequate	Poor

Please return forms to your Grainne O'Dwyer

Dr Grainne  
O'Dwyer

Training Programme Director  
Dept of Anaesthesia  
Lincoln County Hospital  
Greetwell road  
Lincoln  
LN2 5QY



# SECTION 10

## PROBITY AND HEALTH

### NOTES TO SUPPORT SECTION ON PROBITY

The extract below is taken from the GMC guidance “Good Medical Practice”, pages 27 to 33.

#### Being Honest & Trustworthy

56. Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.
57. You must make sure that your conduct at all times justifies your patients’ trust in you and the public’s trust in the profession.
58. You must inform the GMC without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures.
59. If you are suspended by an organisation from a medical post, or have restrictions placed on your practice you must, without delay, inform any other organisations for which you undertake medical work and any patients you see independently.

#### Writing Reports and CVs, Giving Evidence and Signing Documents

63. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.
64. You must always be honest about your experience, qualifications and position, particularly when applying for posts.
65. You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.
66. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.
67. If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.
68. You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to your work. You must disclose to anyone entitled to ask for it any information relevant to an investigation into your own or a colleague’s conduct, performance or health. In doing so, you must follow the guidance in Confidentiality: Protecting and Providing Information.
69. You must assist the coroner or procurator fiscal in an inquest or inquiry into a patient’s death by responding to their enquiries & by offering all relevant information. You are entitled to remain silent only when your evidence may lead to criminal proceedings being taken against you.

#### Research

70. Research involving people directly or indirectly is vital in improving care & reducing uncertainty for patients now and in the future, and improving the health of the population as a whole.
71. If you are involved in designing, organising or carrying out research, you must:
  - (a) Put the protection of the participants’ interests first.
  - (b) Act with honesty and integrity.
  - (c) Follow the appropriate national research governance guidelines and the guidance in “Research: The Role and Responsibilities of Doctors”.

## **Financial and Commercial Dealings**

73. You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:
- (a) Before taking part in discussions about buying or selling goods or services, you must declare any relevant financial or commercial interest that you or your family might have in the transaction
  - (b) If you manage finances, you must make sure the funds are used for the purpose for which they were intended & are kept in a separate account from your personal finances.

## **Conflicts of Interest**

74. You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues.
75. If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients.
76. If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the healthcare purchaser.

## **NOTES TO SUPPORT SECTION ON HEALTH**

The extract below is taken from the GMC guidance "Good Medical Practice", page 34.

77. You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.
78. You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.
79. If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.

## **Guidance**

Paragraphs 77 to 79 of Good Medical Practice above set out some of the health obligations that you should consider when signing a declaration. There are other types of obligations / information that you should also consider for example your own assessment of your health and whether there are any formal or voluntary restrictions to your practice because of illness or a physical condition. This would include any conditions imposed by an employer or contractor of your services, any proceedings under the GMC's Health Procedures or Health Committee or similar proceedings of other professional regulatory or licensing bodies within the UK or abroad.

## **PROCEDURE**

The forms below reproduce proformas which the GMC has tested extensively as part of the work to develop revalidation. The proformas are helpful tools for the collection of evidence for annual appraisal, for which it is sufficient to provide a self-declaration about how effectively you are ensuring that your personal probity and health do not affect your fitness to practice medicine. You must disclose information that relates to your probity and/or health over the whole of your current appraisal cycle.

If you are able to sign both of the declarations at the beginning of each pro forma, then you do not need to complete the rest of the proforma.

If you are unable to sign a declaration then you will need to complete the full proforma.

**PROBITY DECLARATION FORM**

Name of Trainee: \_\_\_\_\_

Notes:

- If you are able to sign both of the following declarations then you do not need to complete the rest of the proforma.
- If you are not able to sign both declarations then you will need to complete the full proforma.

**Professional Obligations**

I accept the professional obligations placed upon me in paragraphs 56-76 of Good Medical Practice.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Name in capitals: \_\_\_\_\_

**Convictions, findings against you and disciplinary action**

Since my last appraisal I **have not**, in the UK or outside:

- Been convicted of a criminal offence or have proceedings pending against me.
- Had any cases considered by the GMC, other professional regulatory body, or other licensing body or have any such cases pending against me.
- Had any disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Name in capitals: \_\_\_\_\_

**TO BE COMPLETED IF YOUR ARE UNABLE TO SIGN THE PROBITY DECLARATION**

**Convictions, findings against you and disciplinary action**

1. Since your last appraisal<sup>1</sup>, have you been convicted of a criminal offence either inside or outside the UK?

Yes  No  If yes, please give details:

2. Do you have any criminal proceedings pending against you inside or outside the UK?

Yes  No  If yes, please give details:

<sup>1</sup> If this is your first appraisal then please fill in the proforma answering the questions as they apply to you at the current time.

**PROBITY DECLARATION** (continued)

3. Since your last appraisal <sup>1</sup>, have you had any cases considered, heard and concluded against you by any of the following:

- (a) The General Medical Council.
- (b) Any other professional regulatory or other professional licensing body within the UK.
- (c) A professional regulatory or other professional licensing body outside the UK.

Yes  No  If yes, please give details:

4. Are there any cases pending against you with any of the following organisations:

- (a) The General Medical Council.
- (b) Any other professional regulatory or other professional licensing body within the UK.
- (c) A professional regulatory or other professional licensing body outside the UK.

Yes  No  If yes, please give details:

5. Since your last appraisal <sup>1</sup>, have there been any disciplinary actions taken against you by your employer or your contractor – either in the UK or outside - that have been upheld:

Yes  No  If yes, please give details:

6. Since your last appraisal <sup>1</sup>, has your employment or contract ever been terminated or suspended – in the UK or abroad - on grounds relating to your fitness to practice (conduct, performance or health):

Yes  No  If yes, please give details:

7. All the information in this declaration is true to the best of my knowledge.

Signature:

Date

.....

.....

Name in capitals:

.....

**HEALTH DECLARATION FORM**

Name of Trainee:

.....

Notes:

- If you are able to sign both of the following declarations then you do not need to complete the rest of the proforma.
- If you are not able to sign both declarations then you will need to complete the full proforma.

**Professional Obligations**

The GMC’s guidance Good Medical Practice and Serious communicable diseases says that if a doctor has a serious condition which they could pass on to patients or colleagues they must have any necessary tests and act on the advice given to them by a suitably qualified colleague about necessary treatment and/or modifications to their clinical practice. Moreover, if their judgement or performance could be significantly affected by a condition or illness, they must take and follow advice from a consultant in occupational health or another suitably qualified colleague on whether, and in what ways they should modify their practice.

I accept the professional obligations placed upon me in paragraphs 77 to 79 of Good Medical Practice and Serious communicable diseases.

Signature:

Date

.....

.....

Name in capitals:

.....

**Regulatory and voluntary proceedings**

Since my last appraisal I **have not**, in the UK or outside:

- Been the subject of any health proceedings by the GMC or other professional regulatory or licensing body.
- Been the subject of medical supervision or restrictions (whether voluntary or otherwise) imposed by an employer or contractor resulting from any illness of physical condition.

Signature:

Date

.....

.....

Name in capitals:

.....

**TO BE COMPLETED IF YOUR ARE UNABLE TO SIGN THE HEALTH DECLARATION**

**Your Own Health**

The GMC acknowledges that medicine can be a demanding profession and that doctors who become ill deserve help and support. Doctors also have to recognise that illness can impair their judgement and performance and thus put patients and colleagues at risk (this is particularly so in the case of psychiatric conditions, drug and alcohol abuse). The GMC therefore encourages doctors to reflect on their own health, seek professional advice if necessary and consider whether, for health related reasons, they should modify their professional activities.

1. Do you have any illness or physical condition that has since your last appraisal<sup>1</sup> resulted in your restricting or changing your professional activities?

Yes  No  If yes, please give details:

**Regulatory and voluntary proceedings**

2. Are you - or have you been since your last appraisal<sup>1</sup> - the subject of any proceedings under the GMC's Health Procedures or Health Committee or similar proceedings of other professional regulatory or licensing bodies within the UK or abroad?

Yes  No  If yes, please give details:

3. Are you currently or since your last appraisal<sup>1</sup> been subject to medical supervision, voluntary or otherwise, and/or any restrictions voluntary or otherwise, imposed by your employer or contractor resulting from any illness or physical condition within the UK or abroad?

Yes  No  If yes, please give details:

4. All the information in this declaration is true to the best of my knowledge.

Signature:

Date

.....

Name in capitals:

.....

<sup>1</sup> If this is your first appraisal then please fill in the proforma answering the questions as they apply to you at the current time.

# SECTION 11

## PERSONAL DEVELOPMENT PLAN (PDP) and APPRAISAL RECORD

In this section the educational supervisor and the trainee should identify key development objectives for the year ahead, which relate to the trainee's personal and/or professional development.

The PDP is essential for planning the training in the next post. The trainee should take time to consider his/her individual needs and make a start on the Personal Development Plan in advance of meeting with the educational supervisor. The plan should cover development in the areas of Good Medical Practice but will also cover aspects of training such as examinations and study leave.

This section also contains the documentation for the educational supervisor to record the meeting and for both parties to sign off and agreed **Educational Appraisal Outcome Record**

### **BRIEF GUIDANCE ON DEVELOPING & USING YOUR PERSONAL DEVELOPMENT PLAN**

Completing a PDP is your chance to set out what you expect to achieve during each placement, & throughout the year. You should develop your PDP with your current educational supervisor(s), and it should be updated at regular intervals linked to formal assessment milestones and rotation between hospitals. You can use your PDP to refer back to the goals that you agreed previously with your educational supervisor(s), to check your progress against them.

#### **Specific Objectives: what do you need to learn?**

The CCT IN ANAESTHESIA documents cover the range of core knowledge and skills appropriate to your level of training. Learning needs change as you develop through training and, as your experience grows, your PDP can be updated. Different placements offer different opportunities to gain curriculum competences. As you consider the opportunities available in each placement, you should plan how you intend to make the most of them. In collaboration with your educational supervisors, you develop your PDP to focus on areas highlighted for improvement.

#### **Developing Your PDP**

As you progress, appraisal, direct assessment & reflective practice provide different perspectives on your performance and development. It is important to be aware of what information you are using when setting your learning needs and that you are not missing important feedback that may be available to you.

Your PDP should identify what you intend to do during the year and in each placement, how you will develop your learning, and how and when you will be assessed. A key goal of the training programme is to demonstrate, through portfolio evidence, a series of assessments that show development against the curriculum & progression towards competence. Your PDP should list realistic & achievable targets mutually agreed with your educational supervisor(s).

#### **Maintaining your PDP: Appraisal & Key Milestones**

Your induction meeting at a new hospital may reveal unexpected opportunities prompting PDP revision. You should update your PDP, as a discussion document, in preparation for an appraisal or milestone assessment with your educational supervisor. Your PDP will often be modified as a result, which must be recorded in your portfolio to identify future learning needs at your current location or on rotation to a new hospital.

NOTTINGHAM AND EAST MIDLANDS SCHOOL OF ANAESTHESIA PERSONAL DEVELOPMENT PLAN

NAME \_\_\_\_\_

DATE \_\_\_\_\_

	<i>What do you intend to learn? (Objectives)</i>	<i>What action will you take to meet your objectives?</i>	<i>When do you intend to have completed this?</i>	<i>What is the desired outcome? Consider how this will benefit patients?</i>
Clinical [knowledge / skills / behaviour]				
Other [Audit / Research / Teaching/ Managerial / IT / Legal & Ethical]				

Trainee signature.....

Educational Supervisor/College Tutor/Appraiser.....

## NOTTINGHAM AND EAST MIDLANDS SCHOOL OF ANAESTHESIA

### Educational Supervisor's record of meeting with a trainee

Trainee name ..... ST / CT year .....

Current hospital.....

Date .....

Educational supervisor .....

Routine Meeting?

#### Guide for Topics to discuss:

- Previous experience/ achievements (if first meeting):
- Clinical experience
- Portfolio
- Log book
- Assessments
  - Workplace based
  - Mini -CEX
  - DOPS
  - CBD
  - MSF or Behavioural
- Examinations
- Audit
- Teaching attendance
- Study leave / Courses etc
- Personal learning plan

## OUTCOME AND RECORD OF APPRAISAL

- **This content of this form should be agreed and the form signed by trainee and appraiser.**
- **A copy should be kept in the portfolio**
- **These forms should be available for ARCPs**

**The content of the appraisal interview is confidential. This form should only outline the agreed outcomes.**

Name (Trainee)

Name (Appraiser)

Date of Appraisal

Progress/Change/Development since last appraisal

Outline the agreed goals for the next 6 months

Issues to be addressed by appraiser

Trainee Signature

Appraiser Signature

\_\_\_\_\_

\_\_\_\_\_