

# **YORKSHIRE & HUMBER ICM TRAINING**

## **How to Pass your ARCP**

### **A Guide for Trainees 2021/2022**

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## INTRODUCTION TO YOUR ARCP

- Your ARCP (annual review of competency progression) will occur annually. It is not a pass/fail exercise.
- Early preparation is vital.
- It is a review of EVIDENCE and PROGRESS at a Face-to-Face or Remote meeting. You will be informed which type of meeting prior to your ARCP. It usually lasts 30 minutes.
- It can be an opportunity for you to plan future rotations with the panel and discuss OOPE. However, these are best discussed with your Educational Supervisor and the TPD outside the ARCP process to ensure enough time can be put aside.
- Once the deanery has contacted you re: ARCP you should confirm that you will be attending.
- You need to provide a FORM R as this is the data needed for the Postgraduate Dean to revalidate you.
- The completed FORM R should be uploaded to the Lifelong Learning Platform, as well as forwarded to your Educational Supervisor and Deanery.
- If you are having any problems completing the steps, you should address these to your Educational Supervisors, Faculty Tutors & Training Programme Directors (see Annex). Early recognition of problems is vital and best addressed prior to the ARCP.

## SUMMARY OF ARCP OUTCOMES

- You will be given an “Outcome”. You are aiming for an Outcome 1. Most trainees should expect to achieve this if they follow the guide and have been progressing at a reasonable rate.
- Some trainees may have had problems during their training and may need some extra time.

RANGE OF ARCP OUTCOMES	
Outcome 1	Progressing satisfactorily & may progress to the next year
Outcome 2	Need targeted training to address a weak area but doesn't need extra training time
Outcome 3	Needs more training time
Outcome 4	Not progressed - exited from the programme
Outcome 5	Didn't have the required evidence at ARCP
Outcome 6	Completed training

- **Two outcomes “5s” will NOT become an outcome 1**

- The new guidelines mean you cannot get an outcome 5 two years running.
- You will get an outcome 3 if you do not have evidence of all that is required to gain an outcome 1.
- It is likely that if you get repeated “5s” in your training that it will compromise your opportunity to apply for an OOPE in the future.

## IMPACT OF COVID-19

- The Statutory Education Bodies (SEBs) previously recognised that there may be challenges for trainees and trainers in preparing and providing evidence for ARCP as well as delivering ARCPs during the COVID-19 pandemic.
- In April 2020, the SEBs set out arrangements for the introduction of changes to the ARCP process (including use of decision aids, curriculum and Gold Guide derogations and arrangements for ARCP appeals).
- The changes were introduced to enable as many trainees as possible to progress to the next stage in their training or to complete training.
- These changes were intended to apply to ARCPs scheduled to take place up to and including August 2020 but extended to September 2021.
- It is acknowledged that the COVID-19 pandemic continues to impact on training, and potentially some trainees might need COVID ARCP Outcomes for some time.
- In recognition that the outcome of an ARCP may be affected by COVID-19 and circumstances outside of the trainee’s control, the SEBs agreed that two new ARCP outcomes should be introduced for 2020/21 which might be considered as COVID-19 outcomes.
- **Outcomes 10.1 and 10.2** recognise that progress of the trainee has been satisfactory but that acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. These are therefore ‘no-fault’ outcomes.
- Panels should consider an Outcome 10 (.1 or .2) only where progression has been disrupted due to the necessity to cancel FFICM examinations, and/or inability to acquire competences, and/or inability to complete minimum time in specialty ICM placements, as a result of the impact of COVID-19 on ICM training. In all other circumstances, the usual ARCP outcome codes should be used in 2021.
- **Outcome 10.1** should be used when a trainee is not at a critical progression point in their programme and facilitates the trainee to progress to the next stage of their training. Any additional training time subsequently necessary to achieve outstanding competences/capabilities will be reviewed at the next scheduled ARCP.
- **Outcome 10.2** should be used when a trainee is at a critical progression point in their programme where there has been no derogation to normal curriculum progression requirements given by Faculty (e.g. specific professional examination; mandatory training course). Additional training time is therefore required before the trainee can progress to the next stage in their training.
- **The ongoing requirement for these changes is likely to be reviewed on a regular basis.**

## TOP TIPS

1. Only evidence on the LLP will be considered - no paper evidence will be considered by the ARCP panel. If you have paper evidence, make sure you scan the documents and upload as either a **“Personal Activity”** (where relevant) or to the **“Document Store.”** Ensure you link evidence to the correct stage of training and curriculum competencies.
2. The e-Portfolio will “lock out” 1 week before the ARCP to allow the ARCP panel to review your evidence.
3. SLEs: Supervised learning events. These must be completed on your LLP and mapped to the appropriate HiLLOs and Curriculum Stage you are completing for that ARCP year (e.g. Stage 1, Stage 2, Stage 3)
4. Dual CCT trainees are not expected to demonstrate a full year’s worth of SLEs if they are spending time in their partner specialty but should show progression towards the CCT in ICM at their ARCP.
5. 10% of ARCPs will involve an external assessor.
6. Use the ‘FICM ARCP checklist’ (see Annex) to ensure all mandatory documents have been uploaded to the LLP.
7. It takes at least one month to do an electronic MSF. Just remember, the MSF starts from when the Educational Supervisor approves it, so try not to leave it too late.
8. Before attending ARCP you must have completed the ESSR with your Educational Supervisor.
9. The ARCP panel will review your e-portfolio evidence and ESSR and decide an outcome (with or without your presence).
10. You may be asked to meet the ARCP Panel to discuss your Outcome and plan for the next year. You will be informed if you need to attend your ARCP.
11. Ensure your current and previous placement details are correct.

On the LLP main landing page, click **“View and add placements”**. Ensure these details are correct, including details of your Educational and/or Clinical Supervisors. Dual Anaesthesia trainees can “replicate” placement under this tab, and specify different ES’s for the Anaesthesia component of their training

12. Checking and Amending your Personal Details:

On the top bar menu click **“Your Name.”**

Some of the fields will be pre-populated.

Ensure all your personal details are correct and an up to date CV is uploaded.

If you want to add or change any details: click **‘Edit details.’**

To edit your password, click on **“Change password.”**

## ADDING NEW EVIDENCE TO LLP

### 1.PERSONAL ACTIVITIES

Most of the evidence pertaining to clinical activities should be uploaded to your LLP via the “**Personal Activity**” tab. This has the advantage of allowing you to link that activity/evidence to a specific HiLLO and Stage of training. When creating your ESSR at the end of the year, this should automatically be included if it is within the dates chosen for that ESSR period.

For Dual Anaesthesia trainees, there is also an option to “Replicate form for RCOA”. Please note, you then need to access the RCOA LLP to ensure this is then linked to the relevant domains of the Anaesthesia Curriculum.

The “**Personal Activity**” tab allows you to upload activities/supporting documents to the following categories:

- Advising
- Academic
- ARCP documents / Form R
- Audit / clinical policies
- Consultant session
- Consultant feedback
- Core Training Accreditation (ICM)
- Demonstration of Leadership
- E-Learning
- Educational course / conferences / events
- Examining
- Further education
- Governance meetings
- Logbook
- Management activities
- Other
- Patient feedback
- Personal and professional development
- Presentation
- Project
- Publication
- Quality Improvement
- Research
- Simulation training
- Supervisory meeting
- Teaching

Within the “Personal Activity” tab you are encouraged to provide the following details:

- “**Title**” – appropriate title of the relevant activity. This will be the initial title visible to the ARCP panel when reviewing your evidence.
- “**Start Date**” and “**End Date**” (optional) – this needs to fall within the ESSR time window to appear on that years ESSR.

- “**Details**” - a brief description of the relevant activity can be accessed by the ARCP panel via your ESSR.
- “**Milestone**” (optional) – a simulation activity can be linked to the IAC and IACOA if relevant.
- “**Learning Outcome**” – the activity can be linked to the appropriate Stage and HiLLO of training (or SSY module if appropriate).
- “**Supporting Documents**” – any relevant supporting documents, e.g. Certificates of attendance can be uploaded. Any document uploaded to a Personal Activity will automatically appear in your “**Document Store**”.
- If you wish the activity to be visible on the ESSR, please ensure the “Yes, this activity is visible on the ESSR” tab is highlighted.
- Option to “**Replicate form for RCOA**” for Dual Anesthesia trainees.

## 2. DECLARATION OF HEALTH & PROBITY & FORM R

Please complete Form R which should be emailed to you prior to your ARCP and is available for download from the Yorkshire and Humber Deanery website.

Then upload as evidence to your LLP.

- Click on: **Personal Activity** in the **New Entry** box.
- Title: “Form R: (*insert ARCP year*)”
- Activity type: ARCP documents / Form R.
- Details: “Form R (*insert ARCP year*).”
- Upload: Appropriate documentation.

## 3. PERSONAL DEVELOPMENT PLAN

A PDP should ideally be created with your Educational Supervisor for each academic year.

- Click on: **Personal Development Plan** in the **Development** box.
- “**Create new PDP**”

**TITLE:** e.g. plan for ST... year – work towards...

**DATES:** date plan begins (pre ARCP date) and plan ends (e.g. 6-12 months later)

- “Create PDP”

The PDP will then appear in a list of all submitted PDPs.  
To add specific goals:

- Click on the relevant highlighted PDP in the list.
- Click “**Add new Goal.**”
- Complete the below information:

**“OBJECTIVE” / What will be achieved:** e.g. Exam, Course, Management activity, Teaching, Leadership, Presentations, Research / Audit activity.

**TARGET REVIEW DATE**

**TARGET COMPLETION DATE:**

**ACTION:** What will you do to achieve this objective, e.g. Courses, SLEs or other assessments

**RESOURCES REQUIRED:** Describe any resources required to achieve your objective.

**MEASUREMENT:** How will your achievement be measured – e.g. Course feedback, SLE, certificate of attendance.

**SUPPORTING DOCUMENTS:** If applicable.

**SET GOAL / SAVE GOAL:** When you feel the goal is ready, pressing **Set Goal** will grant your Educational Supervisor access to it. Once a goal is set it cannot be edited or deleted.

#### 4. RECORD OF MEETINGS WITH EDUCATIONAL SUPERVISOR (ES)

INITIAL MEETING: You should meet within 2 weeks of starting your placement for the year.

INTERIM MEETING: At 6 months.

ESSR (Educational Supervisor Structured Report): 2-3 weeks prior to your ARCP

To add a record of a Supervisory Meeting to the LLP:

- Click on: **Personal Activity** in the **New Entry** box.
- **Title:** (example) **“Initial Education Supervisor Meeting.”**
- **Activity Type: Supervisory Meeting.**
- Complete date of meeting.
- **Details:** complete details of meeting and goals discussed for the next academic period.
- Add any **“Supporting Documents”** as applicable.

The form is designed so that the same form is used for the initial, intermediate & final meeting.

#### 5. MEETINGS WITH CLINICAL SUPERVISORS

Your clinical supervisor looks after you for each clinical placement.

You should meet at the beginning and end of your placement, with an interim meeting if any issues need addressing.

A record of these meetings and documentation of the outcome from them should be uploaded on the LLP as a **“Supervisory Meeting”**, similar to recording a meeting with your Educational Supervisor, as above.

## 6. STAGE CERTIFICATES

These certificates are now generated via the “**Milestones and Certificates**” tab in the “**Development**” box.

Once you have completed the relevant Stage of training, please complete the appropriate form, including details of your Regional Advisor (see annex A).

This form will then be sent for approval by your Regional Advisor.

Once approved, the relevant certificate will be visible within the “**Milestones and Certificates**” section of your LLP.

## 7. LOGBOOK OF EXPERIENCE

All trainees are encouraged to keep a logbook of cases and procedures, in order to support attainment of outcomes. Further advice regarding the number of specific procedures required (i.e. intubations) will be released by the regional School in due course.

Unfortunately, there is no imbedded “logbook” on the FICM lifelong learning platform, nor logbook for “procedures only” (as with the RCOA LLP).

Therefore, we recommend you use a ‘third party’ logbook database, which can then be uploaded to your LLP via the “**Personal Activity**” tab.

We recommend the Sunderland ICU logbook, which is an Excel spreadsheet, and can be found online here:

<http://www.iccueducation.org.uk>

To upload this file to your LLP:

- Make sure you name the Excel spreadsheet an appropriate file name:  
i.e. Logbook for Dr ..... .xls dd/mth/yr
- Click **Personal Activity** in the **New Entry** box
- Title: **Logbook for Dr..... (insert date)**
- Activity type: **Logbook**.
- Enter the **Start Date** and **End Date** covered by the logbook period.
- Complete any relevant **Details**.
- “**Add Learning Outcomes**”: Link your logbook entry to the relevant stage of training and HILLO
- Upload the logbook via “**Add supporting document**”
- Ensure the logbook will be visible on your ESSR by confirming the relevant box.

## 8. EVIDENCE OF SUPERVISED LEARNING EVENTS

“Supervised learning events” (SLEs) have replaced workplace-based assessments (WPBAs) in the new FICM Curriculum 2021.

Trainees should already be familiar with these forms:

- ICM Acute Care Assessment Tool (ACAT)
- ICM Case Based Discussion (CBD)
- ICM Direct Observation of Procedural Skill (DOPs)
- ICM Mini Clinical Evaluation Exercise (Mini-CEX)

To add a “**Supervised Learning Event**” to your LLP:

- Click **Supervised Learning Event** in the **New Entry** box.
- Select the appropriate SLE from the list provided.
- Dual Anaesthesia trainees are also given the option to select one of the Anaesthetic 2021 workplace-based assessments, if this is more appropriate.
- The information required varies dependent on the SLE chosen:

#### ICM ACAT 2021:

- **Assessor:** option to choose a **Recent Assessor**; **Search for an Assessor**; or add a **Guest Assessor**.
- **Learning Outcomes:** Ensure the appropriate **Stage of Training** is selected. Within that stage of training, select the appropriate **High Level Learning Outcome (HiLLO)** relevant to that assessment.
- Within each selected HiLLO will be details of what the trainee is expected to achieve, the capability level required for the selected Stage of Training, and the Generic Professional Capability Domains relevant to that HiLLO.
- **Date of Assessment.**
- **Description of Practice Observed.**
- **StRs Summary Notes of Cases Seen.**
- **Clinical Setting:** Critical Care Unit, ED, Ward, Transfer or Other.
- **Summary of discussion between StR and trainer.**
- **StR’s notes and reflections on the learning from the cases seen during the duty period.**
- **Supporting documents** - can be uploaded if applicable.
- **Approval** – Send for approval to your chosen assessor, or Quick Approval if the assessor is present at the time.

#### ICM CBD 2021:

- **Assessor:** option to choose a **Recent Assessor**; **Search for an Assessor**; or add a **Guest Assessor**.
- **Learning Outcomes:** Ensure the appropriate **Stage of Training** is selected. Within that stage of training, select the appropriate **High Level Learning Outcome (HiLLO)** relevant to that assessment.
- Within each selected HiLLO will be details of what the trainee is expected to achieve, the capability level required for the selected Stage of Training, and the Generic Professional

Capability Domains relevant to that HiLLO.

- **Date of Assessment.**
- **Description of Case.**
- **StRs Summary Notes of Case.**
- **Clinical Setting:** Critical Care Unit. ED, Ward, Transfer or Other.
- **Summary of discussion between StR and trainer.**
- **StR's notes and reflections on the learning from the case discussed.**
- **Supporting documents** - can be uploaded if applicable.
- **Approval** – Send for approval to your chosen assessor, or Quick Approval if the assessor is present at the time.

#### ICM DOPS 2021:

- **Assessor:** option to choose a **Recent Assessor**; **Search for an Assessor**; or add a **Guest Assessor**.
- **Learning Outcomes:** Ensure the appropriate **Stage of Training** is selected. Within that stage of training, select the appropriate **High Level Learning Outcome** (HiLLO) relevant to that assessment.
- Within each selected HiLLO will be details of what the trainee is expected to achieve, the capability level required for the selected Stage of Training, and the Generic Professional Capability Domains relevant to that HiLLO.
- **Date of Assessment.**
- **Description of Procedure.**
- **StRs Summary Notes Of Case.**
- **Clinical Setting:** Critical Care Unit. ED, Ward, Transfer or Other.
- **Summary of discussion between StR and trainer.**
- **StR's notes and reflections on the learning from the procedure.**
- **Supporting documents** - can be uploaded if applicable.
- **Approval** – Send for approval to your chosen assessor, or Quick Approval if the assessor is present at the time.

#### ICM Mini-CEX 2021

- **Assessor:** option to choose a **Recent Assessor**; **Search for an Assessor**; or add a **Guest Assessor**.
- **Learning Outcomes:** Ensure the appropriate **Stage of Training** is selected. Within that stage of training, select the appropriate **High Level Learning Outcome** (HiLLO) relevant to that assessment.
- Within each selected HiLLO will be details of what the trainee is expected to achieve, the capability level required for the selected Stage of Training, and the Generic Professional Capability Domains relevant to that HiLLO.
- **Date of Assessment.**
- **Description of Case.**
- **StRs Summary Notes of Case.**
- **Clinical Setting:** Critical Care Unit. ED, Ward, Transfer or Other.
- **Summary of discussion between StR and trainer.**
- **StR's notes and reflections on the learning from the case reviewed.**
- **Supporting documents** - can be uploaded if applicable.

- **Approval** – Send for approval to your chosen assessor, or Quick Approval if the assessor is present at the time.

## 9. LEARNING OUTCOME COMPLETION (LOC) FORMS

**LOC forms** are the tools used to demonstrate attainment of a certain level of training for each HiLLO.

When sent, all evidence linked to the selected HiLLO will be available to view by the recipient, in order to assess whether the appropriate level of attainment for that stage has been achieved.

Your Educational Supervisor (ES) will be responsible for signing off each individual LOC form and ensuring you have met the required capability level for that specific stage of training.

Once you feel you have sufficient evidence to demonstrate the required capability level for a particular HiLLO, create a LOC form by:

- Selecting **Supervised Learning Event** in the **New Entry** box.
- Click **“LOC”**
- Select your Educational Supervisor from the **“Choose Assessor”** tab.
- Select the appropriate HiLLO via **Curriculum Unit**: a LOC form can only be created for “Units in Progress.”
- Once the Curriculum Unit has been selected, the relevant domain information, linked SLEs/Personal Activities/Personal Reflections will appear.
- Add any relevant **Comments**.
- Send for **Approval**.

## 10. MULTI-SOURCE FEEDBACK (MSF)

Trainees are expected to complete at least one multi-source feedback form per ARCP year.

The form is initiated and sent for review by the trainee, and it is their responsibility to ensure they gather adequate feedback, from an appropriate mix of assessors (consultants, trainees and allied health professionals).

**Failing to produce a completed MSF at an ARCP could lead to an unsatisfactory outcome.**

Trainees can request feedback from individuals not on the Lifelong Learning Platform by adding a “Guest Assessor”.

The Faculty recommend that multi-source feedback occurs, with a minimum of 12-15 respondents, at least every 12 months of training.

To create an MSF:

- Click **Multi-source feedback** in the **Development** box.
- Add **Title**: any additional details you would like to add about this MSF related to the purpose

of feedback.

- Click **Create MSF**.
- Add **New Participants or New Guest Participants**.
- Once complete, click **Open MSF and send invites**.
- You will be able to access the MSF to view the number of invites sent and completed responses.
- The completed MSF will be sent to your Educational Supervisor for approval and then review, prior to being released back to you.
- Please allow **at least one month** for an MSF to be completed.

## 11. EVIDENCE OF QUALITY IMPROVEMENT ACTIVITY

The new FICM Curriculum 2021, contains a High Level Learning Outcome (HiLLO 2) specific to **Patient Safety and Quality Improvement**.

This states “the doctor will be focused on patient safety and will deliver effective quality improvement, whilst practicing within established legal and ethical frameworks.”

All trainees are therefore expected to actively participate in Quality Improvement work. Evidence of Quality Improvement work should be added to your LLP:

- Click **Personal Activity** in the **New Entry** box.
- Add appropriate **Title**.
- Activity Type: **Quality Improvement**.
- Add **Start** and **End Dates**.
- Complete **Details** of QIP – including your level of involvement, practice changed and outcomes.
- Learning Outcomes: link to appropriate Stage of training and HiLLO. All quality improvement work can be linked to the **Patient Safety and Quality Improvement** HiLLO, as well as any other relevant clinical HiLLOs (e.g. Neuro intensive care, cardiothoracic ICM).
- Add any relevant **Supporting documents**.
- “Replicate form for RCOA” option is available to dual Anaesthesia trainees.

## 12. RESEARCH ACTIVITY / PUBLICATIONS

This is not compulsory to achieve an Outcome 1 at your ARCP. However, the new FICM Curriculum 2021 does contain a High Level Learning Outcome (HiLLO 3) specific to **Research and data interpretation**.

This states “an Intensive Care Medicine specialist will know how to undertake medical research including the ethical considerations, methodology and how to manage and interpret the data appropriately.”

If you are involved in research, ensure to upload this to your LLP as a **Personal Activity: Research** or **Publication** (this includes any research methodology courses) and link to the relevant HiLLO.

### 13. EVIDENCE OF ICM MANDATORY TEACHING

Y+H requirements: 50% attendance required for ARCP (usually a minimum of 3 days attended per ARCP year)

To record attendance at ICM regional teaching:

- Click **Personal Activity** in **New Entry** box
- Activity type: **Teaching** (or Educational Course/Personal and Professional Development)
- Title: e.g. "ICM Regional Teaching attended September 2021".
- Record **Date** attended.
- Provide details of teaching day: e.g. Regional teaching day on Neuro intensive care medicine, held at Leeds General Infirmary.
- Link to relevant HiLLOs: this can include the relevant clinical topics covered, as well as the specific **Teaching & training** HiLLO.
- Upload relevant **supporting documents**: e.g. Certificate of attendance.

### 14. EVIDENCE OF TEACHING YOU HAVE DELIVERED

The new FICM Curriculum 2021, contains a High Level Learning Outcome (HiLLO 4) specific to **Teaching and training**.

This states: "to ensure development of the future medical workforce, a doctor working as a specialist in Intensive Care Medicine will be an effective clinical teacher and will be able to provide educational and clinical supervision."

Trainees should record all teaching they have delivered and seek to gain evidence of formal feedback from these teaching sessions wherever possible.

- Click **Personal Activity** in the **New Entry** box.
- Activity type: **Teaching**.
- Title: e.g. ICM regional teaching delivered.
- Record **Date** of teaching.
- Provide details of teaching session and material delivered.
- Link to relevant HiLLOs: this can include the relevant clinical area as well as the specific **Teaching & training** HiLLO.
- Upload relevant **supporting documents**: e.g. teaching resources, evidence of feedback.

### 15. ATTENDANCE AT MEETINGS AND COURSES

To record attendance at any relevant meetings or course:

- Click **Personal Activity** in the **New Entry** box.
- Activity type options:
  - **Educational courses / conferences / events.**
  - **Governance meetings.**
  - **Management activities.**

- **Personal and professional development.**
- **Title:** Course name.
- Record **Date** of attendance.
- Provide **Details** of specific meeting or course attended.
- Link to relevant HiLLOs: this can include the relevant clinical area as well as any specific non-clinical HiLLOs, e.g. **Professionalism; Leadership & management** (where applicable).
- Upload relevant **supporting documents**: e.g. certificate of attendance, course agenda.

## 16. EVIDENCE OF MANAGEMENT ACTIVITY

The new FICM Curriculum 2021, contains a High Level Learning Outcome (HiLLO 1) specific to **Leadership and management**.

This states “Intensive Care Medicine specialists will have the skillset and competence to lead and manage a critical care service, including the multidisciplinary clinical team and providing contemporaneous care to a number of critically ill patients.”

To record any relevant management activities:

- Click **Personal Activity** in the **New Entry** box.
- Activity type: **Management activities**.
- Enter **Title**.
- Record **Date**.
- Provide specific **Details** of the management activity.
- Link to relevant HiLLOs: this can include the relevant clinical area as well as any specific non-clinical HiLLOs, e.g. **Leadership & management**.
- Upload relevant **supporting documents** (e.g. certificates, feedback).

## 17. EVIDENCE OF REFLECTIVE PRACTICE

Mandatory requirements: A minimum of 3 reflections per year is required. These can be on any ICM related activity for example teaching sessions, journals read etc. but at least two per year should be on a clinical case. Trainees on an OOP should also perform a minimum of 3 reflections.

In addition, reflections should be performed in ANY and ALL of the following:

- Serious Untoward Incidents (SUI).
- Critical Incidents relating to mortality and morbidity.
- Near misses.

To add an episode of reflective practice to your LLP:

- Click **Personal Reflection** in the **New Entry** box.
- Add **Title**.
- Complete **Review** box: describe the activity or event.
- Describe the **Experience gained** and **Resulting change**.
- Link to any relevant **Learning outcomes** (optional).
- Option present for Dual Anaesthesia trainees to replicate form for RCOA LLP.

Heading	Prompts
Description of activity or event	<ul style="list-style-type: none"> <li>▶■ Which category of activity does this match? (Keeping up to date, review of your practice or feedback from others – including complaints or compliments).</li> </ul>
What have you learned?	<ul style="list-style-type: none"> <li>▶■ Describe how this activity contributed to the development of your knowledge, skills or professional behaviours.</li> <li>▶■ You may wish to link this learning to one or more of the domains (knowledge, skills and performance, safety and quality, communication, partnership and teamwork, and maintaining trust) of Good Medical Practice to demonstrate compliance with the principles and values in this GMC guidance document.</li> </ul>
How has this influenced your practice?	<ul style="list-style-type: none"> <li>▶■ How have your knowledge, skills and professional behaviours changed?</li> <li>▶■ Have you identified any skills and knowledge gaps relating to your professional practice?</li> <li>▶■ What changes to your professional behaviour were identified as desirable?</li> <li>▶■ How will this activity or event lead to improvements in patient care or safety?</li> <li>▶■ How will your current practice change as a result?</li> <li>▶■ What aspects of your current practice were reinforced?</li> <li>▶■ What changes in your team/department/organisation's working were identified as necessary?</li> </ul>
Looking forward, what are your next steps?	<ul style="list-style-type: none"> <li>▶■ Outline any further learning or development needs identified (individual and team/organisation).</li> <li>▶■ How do you intend to address these needs? (set SMART – specific, measurable, achievable, relevant and time-bound – objectives).</li> <li>▶■ If changes in professional practice (individual or team/ department) have been identified as necessary how do you intend to address these?</li> </ul>

## 18. DOCUMENTATION OF SERIOUS UNTOWARD INCIDENTS (SUIs)

This should form part of your reflective practice.

Any involvement in an SUI or critical incident should also be recorded on your Form R prior to your ARCP.

## 19. RECORD OF EXAMS PASSED AND FAILED

A record of all relevant professional examinations passed should be visible on your LLP.

To record a new examination:

- Click **Milestones and certificates** in the **Development** box.
- Click **Add certificate**
- Complete **Title**: examination passed.
- **Date achieved**.
- **Details of Certificate** (optional).
- Add **Supporting Documents**: upload copy of the certificate.

The entry now appears in the list of certificates and will be visible on your ESSR.

There is no option to add a failed exam attempt in this section.

If you wish to document a failed attempt, then you could enter it as a **Personal Activity**, and include a corresponding reflective entry.

## 20. GMC SURVEY, HEE Survey & FICM SURVEY

Y+H requirements: Completion of both GMC and HEE surveys required annually

To record completion of the relevant surveys:

- Click **Personal Activity** in the **New Entry** box.
- Activity type: **Other**
- Enter **Title**: e.g. **GMC Survey 2021**.
- Record **Date** completed.
- Provide any relevant specific **Details**.
- Upload relevant **supporting documents** (e.g. certificate of completion).

## 21. DEMONSTRATE PROGRESSION IN PARTNER SPECIALITY

Upload evidence of progression in your partner specialty to the LLP.

This could include uploading a relevant ESSR or Progress report.

Upload any relevant documents as a **Personal Activity: ARCP documents** or **Supervisory meeting**.

Ensure the appropriate date is entered to include the details on your ESSR.

**For Anaesthesia Dual trainees a “Replication” for the Anaesthesia LLP can be done from the ICM LLP (or vice versa) under the “View and add placements” tab**



View and add placements

## 22. OUT OF PROGRAMME, MEDICINE/ANAESTHESIA TRAINING (as part of Stage I ICM)

Trainees on OOP (OOPE/OOPR/OOPT) will still be required to take part in an annual ARCP.

Evidence provided could include a CS report/ logbook/reflections/ SLEs or evidence of research activity/ management roles/QIP

Trainees on Medicine/Anaesthesia postings in their stage 1 of training are expected to evidence their progress which could include CS report/SLEs/logbook/PDP/IAC Certificate

## 23. DECLARATION & REFLECTION OF NON-TRAINING CLINICAL WORK

Upload a record of any work done outside your training (e.g. event medicine, mountain rescue) to the LLP as a **Personal Activity: Personal and professional development**.

Reflect on any work done.

**PLEASE NOTE THIS MUST ALSO BE DECLARED ON YOUR FORM R**

## 24. CURRICULUM VITAE (CV)

An updated CV should be uploaded to your LLP prior to your ARCP.

To upload your CV:

- Click on **Your Name** in the top right-hand corner of the LLP landing page.
- Scroll down to **Your C.V.**
- Click **Upload your C.V.**
- **Add to profile.**

## 25. OTHER NOTES

A special note about your ARCP if you are completing a year in your partner specialty.

If you are coming to the end of a year in your partner specialty (i.e. NOT an ICM year) then your ARCP is likely to occur and be recorded on your partner portfolio.

However, there is a requirement to have an ARCP recorded for ICM each year EVEN IF YOU HAVEN'T DONE ANY ICM. The reason for this is the ICM Tutors and TPDs may not have access to your other portfolio and cannot therefore confirm your progression.

An ESSR should therefore be created for each specialty, for each ARCP year.

Consequently, at the time of your Dual Specialty ARCP there should be an ICM representative there who can record the ARCP Outcome on your ICP portfolio too. Additionally, you should not have different outcomes on the two portfolios. Therefore, you will receive the same outcome on the ICM portfolio as you were given at ARCP in your partner specialty.

## ANNEX A

### Who is who?

- **Head of School / Lead for ICM** - Dr Phil Jackson ([philjackson@nhs.net](mailto:philjackson@nhs.net))
- **Head of School / Lead for Anaesthesia** - Dr Jill Horn ([Jill.Horn@bthft.nhs.uk](mailto:Jill.Horn@bthft.nhs.uk))
- **RA South Yorkshire** - Dr Sarah Irving ([sarah.irving1@nhs.net](mailto:sarah.irving1@nhs.net))
- **RA West Yorkshire** - Dr Richard Briscoe ([Richard.Briscoe@bthft.nhs.uk](mailto:Richard.Briscoe@bthft.nhs.uk))
- **RA East Yorkshire** - Dr Ian Smith ([ian.smith49@nhs.net](mailto:ian.smith49@nhs.net))
- **TPD** - Dr Raj Sandhu ([rajdeep.sandhu1@nhs.net](mailto:rajdeep.sandhu1@nhs.net))
- **Deputy TPD** - Dr Vinu Paul ([vinu.paul1@nhs.net](mailto:vinu.paul1@nhs.net))
- **Faculty/College Tutors**

See below:

Hospital	FICM Tutor	FICM Tutor emails	FICE Mentor	ES
Leeds General Infirmary	Dr Gunchu Randhawa	<a href="mailto:gunchu.randhawa1@nhs.net">gunchu.randhawa1@nhs.net</a>	Dr Sira	Dr Jackson Dr Howard Dr Day Dr Adams Dr Oram Dr Fale Dr Pittard Dr Lindley
St James University Hosp	Dr Andy Taylor	<a href="mailto:andrew.taylor32@nhs.net">andrew.taylor32@nhs.net</a>	Dr Breen Dr Powell Dr Beck Dr Adlam Dr Cole	Dr Snook Dr Duncan Dr Beck Dr Tordoff Dr Powell Dr Breen Dr Eyre Dr Flood Dr Taylor
Pinderfields Hospital	Dr Brendan Sloan	<a href="mailto:brendan.sloan1@nhs.net">brendan.sloan1@nhs.net</a>	Dr Sandhu Dr Sloan Mrs Wilson Dr Artis Dr Mwambingu Dr Kabadayi	Dr Rose Dr Buglass Dr Clarke Dr Allan Dr Sloan Dr Sandhu Dr Kabadayi
Bradford Infirmary	Dr James Morgan	<a href="mailto:James.Morgan@bthft.nhs.uk">James.Morgan@bthft.nhs.uk</a>	Dr Lawton	Dr Briscoe Dr Stonelake Dr Lawton Dr Hart Dr Morgan

Huddersfield Royal Infirmary	Dr Ross Kitson	<a href="mailto:Ross.Kitson@cht.nhs.uk">Ross.Kitson@cht.nhs.uk</a>		Dr Kitson Dr Rahman
Hull Royal Infirmary	Dr Tom Eckersley  Dr Julian Howes	<a href="mailto:teckersley@nhs.net">teckersley@nhs.net</a>  <a href="mailto:julian.howes1@nhs.net">julian.howes1@nhs.net</a>		Dr Smith Dr Gratrix Dr Dawson Dr Gunasekera Dr Mallick Dr Felgate Dr Clarke Dr Eckersley Dr Howes
York	Dr Duncan Tarry	<a href="mailto:dtarry@nhs.net">dtarry@nhs.net</a>	John Redman Andrew Chamberlain	Dr Duncan Tarry Dr Joseph Carter Dr Phil Antill Dr Andy Chamberlain Dr Rob Ferguson
Harrogate and District Hospital	Dr Sarah Marsh	<a href="mailto:sarah.marsh14@nhs.net">sarah.marsh14@nhs.net</a>	Dr Earl	Dr Sri-Chandana Dr Marsh Dr Collyer Dr Peat Dr Hollbrook
Scunthorpe General Hospital	Dr Ramesh Manohar	<a href="mailto:ramesh.ananthmanohar@nhs.net">ramesh.ananthmanohar@nhs.net</a>		
Diana, Princess of Wales, Grimsby	Dr Deb Mitra	<a href="mailto:atideb.mitra@nhs.net">atideb.mitra@nhs.net</a>		Dr Mitra
Scarborough Hospital	Dr Jenny King	Jenny.King@york.nhs.uk	Dr Sladkowski	Dr Jaidev Dr Mensah Dr Dickinson Dr King Dr Chandler
Doncaster Royal Infirmary	Dr Dave Pryor			Dr Pryor Dr Williams
Sheffield Teaching Hospitals	Dr Kris Bauchmuller  Dr Helen Ellis	<a href="mailto:kris.bauchmuller@nhs.net">kris.bauchmuller@nhs.net</a>  <a href="mailto:helen.ellis21@nhs.net">helen.ellis21@nhs.net</a>	Dr Rosser Dr Parnell Dr Marko Dr Cruickshanks Dr Bauchmuller Dr Kapoor	Dr Glossop Dr Irving Dr Paul Dr Bryden Dr A Temple Dr E Temple Dr Raithratha Dr Wigful Dr Scott Dr Whiting Dr Ellis Dr Bauchmuller Dr Glover Dr Whiting

Rotherham General Hospital	Dr Gerry Lynch			
Barnsley Hospital	Dr Debbie Kerr	<a href="mailto:deborah.kerr6@nhs.uk">deborah.kerr6@nhs.uk</a>	Dr Chau Dr Lobaz	Dr Siddiqui Dr Wenham Dr Kerr

- **Trainee representatives:** Dr Helen Stanworth (West Yorkshire); Drs Rohan Farrimond + Rachel Ward (South Yorkshire); Dr Tom Kelly (East Yorkshire).
- Trainee rep email address: yorkshireicm@gmail.com

## ARCP checklist for new ICM curriculum

<b>Trainee Name:</b>		<b>Date:</b>	
<b>Stage of Training:</b>		<b>Est CCT:</b>	

<b>Evidence no longer required on ARCP checklist</b>		
<p>The following information is no longer specifically checked at ARCP but MUST be signed off annually in the designated place by the ES</p>	Top 30 Cases	Removed with new curriculum (needed if staying on old)
	Extended Case summaries	Removed previously. No longer needed by anyone
	Stage Certificates	Complete on eportfolio
	PDPs	Complete on eportfolio
	Learning agreement	Must be signed on Form R
	QI / Audit / research	Annual evidence uploaded to HiLLO 2+3 and signed by ES
	Teaching delivered	Annual evidence uploaded to HiLLO 4 and signed by ES
	Management activity	Annual evidence uploaded to HiLLO 1 and signed by ES
	M+M attendance	Annual evidence uploaded to HiLLO 1 and signed by ES
Notes	Satisfactory	
<p><b>ARCP documents</b> Scanned ARCP documentation from ALL previous ARCPs must be in e-portfolio, therefore please ensure outcomes from other portfolios are scanned across.</p>		
<p><b>ARCP Checklist (THIS DOCUMENT)</b> ARCP checklist including location of evidence and verification by supervisor uploaded</p>		
<p><b>Supervisor Reports</b> All reports from ES and CS meetings must be available. This is especially important for placements outside Anaes/ICM which won't be on e-portfolio e.g. Medicine</p>		
<p><b>ESSR</b> Remember to initiate 1 month before ARCP to allow completion and ES + CT sign off</p>		
<p><b>GMC and HEYH survey (receipt)</b> Upload completion receipts to e-portfolio and record date on ESSR</p>		
<p><b>Exam progress (FFICM)</b> Upload success letter <i>and</i> record attempts on ESSR</p>		
<p><b>Logbook</b> Use of a logbook is recommended. Sunderland logbook is popular (not mandated). Recording of clinical presentation, age, involvement with case and practical procedures advised for certain HiLLO evidence</p>		
<p><b>Learning Outcome Completion (LOC) forms</b> LOC forms can be completed at any time if appropriate evidence is complete, not just before Critical progression ARCP. Ensure Stage and Capability level is highlighted</p>		
<p><b>Supervised Learning Events (SLEs)</b> Formerly WPBA. Linking to several HiLLOs is recommended if relevance is clear.</p>		
<p><b>MSF</b> Recommended annually. Completion can take over 6 weeks. Minimum 12 respondents</p>		
<p><b>Publications</b> Record all publications as activities. Remember to link to appropriate HiLLOs</p>		
<p><b>Teaching attended</b> Record all teaching attended (CPD) as reflections/activities on e-portfolio, including certificates where possible. This includes regional teaching, external courses, Life support courses etc. Remember to link to appropriate HiLLOs</p>		
<p><b>Reflective practice</b> All serious incidents, complaints etc must have their own reflection Mandatory evidence of formal reflection (minimum 3 - two of which are clinical) Guidance on Academy of Medical Royal Colleges website <a href="http://www.aomrc.org.uk">www.aomrc.org.uk</a></p>		
<p><b>Form R</b> Must be uploaded pre-ARCP All sickness must be recorded in ESSR and Form R irrespective of duties missed.</p>		

**Guidance for ICM Trainees**  
**Quality Improvement Projects and Sign Offs**

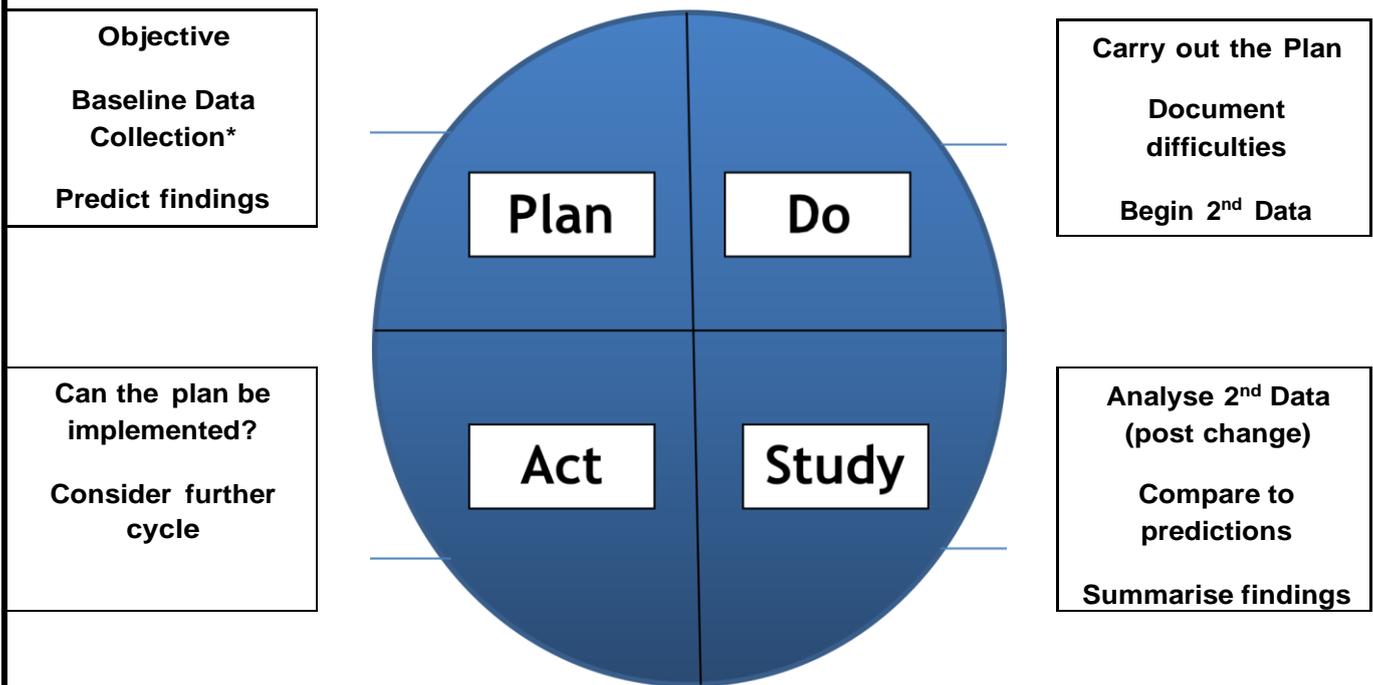
Draft Document - April 2018

**What is a Quality Improvement (QI) Project?**

The Royal College of Anaesthetists'(RCOA) guidance on assessment of QI activities (<https://www.rcoa.ac.uk/system/files/Guidance-Assessment-QI-activities.pdf>) distinguishes Audit from QI projects in terms of:

*"Audit focuses on measurement against a standard; QI focuses on making changes as a result of measurement. A completed audit loop with changes implemented and remeasured can be described as a QI project"*

Thus, a QI project can be described in terms of the **PLAN-DO-STUDY-ACT** (PDSA) model. Baseline measurements are taken (either qualitative or quantitative), a change is made, then a further set of measurements are taken followed either by a further change or formal introduction of the original change.



*Summary QI Model - adapted from PDSA model*

[programmes/research-audit-and-quality-improvement/](#)

### **How to become involved with or start a QI project**

The New FICM curriculum 2021 now requires ICM trainees to demonstrate "a significant role in a least 1 Quality Improvement project" throughout their training.

It is important for you as a trainee to be proactive when planning/conducting QI projects. The main obstacle will be time (3-6 month placements are very limiting). Plans should be discussed with your Educational Supervisor (ES) who will also have some guidance on how to help you. Projects should be simple, practical and time efficient. Of note involvement in national/ regional QI projects (e.g. some SHARC projects) will also count towards this sign off.

**E.g.," Based on the action plan of a safety incident, a trainee helps to implement a revised structured handover for ITU admissions. They monitor the number of handovers completed to the new standard and undertake a teaching session for new doctors and nurses on handover. This demonstrates increased awareness of handover issues amongst staff but does not improve compliance with the new handover format."**

**QUALITY IMPROVEMENT RECORD**

**ICM TRAINEES**

**Trainee Name:**

**Trainee ICM NTN:**

**Trainee GMC No:**

**Ed Supervisor Name:**

**ES GMC No:**

**Stage of Training**

**Date of Initial Meeting**

**Date of Final Meeting**

**Brief Description of QI Project**

**Overall Aim of Project**

**Tick one (or more)**

Improve Safety

Improve Clinical Outcomes

Improve Patient or Staff Experience

Improve Timeliness or Efficiency

Improve Equity of Care

**Summarise Baseline Measurements**

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**Summarise Process Changes Made/Introduced**

**Summarise Results of Further Measurements/ Outcomes**

**Reflection**

**What went well?**

**What problems did you encounter & how were these overcome?**

**QI Project Sign Off:**

**Supervisor Name** .....

**Signature**

**Date** .....

**Summary** QI is a continuous process making short projects difficult to conduct. The aim of this guidance is to provide some help for trainees rotating through to provide ARCP evidence of QI involvement. This will continue to be an evolving process pending formal guidance from the ICM Faculty or Deanery.

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