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| PERSONAL DETAILS |
| NAME: |  |
| YEAR OF TRAINING (CT/ST/LAT): |  |
| Date of last ARCP: |  |
| NTN: |  | **CCT date (if known):** | *dd/mm /yy* |
| RCoA Membership Number: |  |
| GMC No: |  |
| Email Address: |  |
| Contact Address: |  |

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| --- |
| QUALIFICATIONS:  |
| University Degree(MBChB, BSc etc) |  |
| Postgraduate exams(non-anaesthetic) |  |
| Anaesthetic Exams |  |
| Other professional qualifications/diplomas |  |

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| CLINICAL EXPERIENCE |  |
| Dates  | **Hospital** | **Grade (+/-LTFT%)** | **Specialty/Rotation** |
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Please record clinical experience in **chronological order** beginning with FY1 year. In anaesthesia, please record rotations to all hospitals as well as specific rotations within base hospital (eg ICU, obstetrics, chronic pain). Record dates as dd/mm/yy format

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| PUBLICATIONS |  |
| Title and Reference | **details** |
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| RESEARCH |  |

**Completed Research**

|  |  |
| --- | --- |
| Date |  |
| Title |  |
| Co-workers |  |
| Your Role |  |
| Conclusion |  |
| Presentation |  |
| Publication |  |

**Ongoing Research**

|  |  |
| --- | --- |
| Date |  |
| Title |  |
| Co-workers |  |
| Your Role |  |
| Project Summary |  |
| Estimated completion date |  |

Please record details of all completed and ongoing research projects. **Any new information not presented at previous ARCP should be in bold.**

Copy and paste the table as required.

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| AUDIT & QUALITY IMPROVEMENT |  |

**Completed Audit/QI**

|  |  |
| --- | --- |
| Date |  |
| Title |  |
| Co-workers |  |
| Description of project |  |
| Your role |  |
| Conclusion |  |
| What changes were implemented |  |
| Re-audit |  |
| Presentation |  |

**Ongoing Audit/QI**

|  |  |
| --- | --- |
| Date |  |
| Title |  |
| Co-workers |  |
| Description of project |  |
| Your role |  |
| Progress of project |  |
| Estimated Completion date |  |

Please record details of all completed and ongoing audit/QI. **Any new information not presented at previous ARCP should be in bold.**

Copy and paste the table as required.

Please record what your individual contribution was and if not yet presented, what plans for presentation are.

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| PRESENTATIONS TO LEARNED SOCIETIES |
| Date | **Poster/oral presentation** | **Society or Meeting** | **Location** |
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| CONTINUING MEDICAL EDUCATION |
| Date | **Title** | **Duration** | **Organisation** | **Location** |
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Please list education courses, conferences and meetings that you have attended in chronological order. **Any new information not presented at previous ARCP should be in bold.**

Extend the table as needed.

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| TEACHING DELIVERED |
| Date | **Duration** | **Topic/Title** | **Learners** |
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List all teaching you have delivered. Include presentations made at departmental meetings eg M&M. Do not include audit presentations.

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| DEPARTMENTAL/HOSPITAL MEETINGS |
| Year of training | Number of educational meetings |
| CT1/ACCS  |  |
| CT2 |  |
| ST3 |  |
| ST4 |  |
| ST5 |  |
| ST6 |  |
| ST7 |  |

Please provide numerical total of the number of departmental or hospital educational meetings you have attended during the year

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| ADMINISTRATION AND MANAGEMENT |
| Dates | **Activity or Post** |
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| HOBBIES, INTERESTS, ACHIEVEMENTS OUTSIDE MEDICINE  |  |

(optional)