

Trainee self-assessment & declaration for use in ARCPs during Covid-19 pandemic

Self-declaration and Educational Supervisor validation for doctors in training ARCPs during Covid-19 pandemic

IMPORTANT:

Please pre-populate this form with the information about your training since your last ARCP review, or if this is the first scheduled ARCP in your programme, since the start of your current period of training.

Please comment on:

- Your self-assessment of progress up to the point of Covid-19
- How your training may have been impacted by Covid-19, e.g. if you have not been able to acquire required competencies/capabilities through lack of appropriate learning opportunities or cancellation of required exams/courses
 - Any other relevant information

By signing this document, you are confirming that ALL details are correct and that you have made an honest declaration in accordance with the professional standards set out by the General Medical Council in Good Medical Practice.

Section 1: Trainee self-assessment of progress

Please self-rate your progress in your training since your last ARCP using the three-point rating scale

1) Below expectations for stage of training - needs for further development (please say why?)

2) Satisfactory progress meeting expectations for stage of training but some required competencies not met due to Covid-19 (please list them briefly below).

3) Satisfactory progress for stage of training and required competencies met.

Please add any other information you wish to provide for the ARCP panel below:

Section 2: Trainee check-in

Please indicate in response to the following

I would like to discuss my training or current situation with my supervisor.

I have concerns with my training and/or wellbeing at the moment and would like to discuss with someone else.

Section 3: Trainee placement changes

Please indicate any changes to your placement caused by your individual circumstances e.g. moving from frontline services for those in high-risk groups. Include as much information as possible including details of any periods of self-isolation with dates.

Changes were made to my placement due to my individual circumstances:

Yes

No

Please explain further how your placement was adjusted.

Section 4: Educational Supervisor (ES) Report / Validation

Please provide details of your Educational Supervisor in this section. A copy of this form will need to be sent to your ES when you submit this form. This will give your ES the opportunity to review the information provided in the self-assessment declaration, comment and confirm / validate them and make a recommendation for the ARCP during Covid-19. This will be completed by the ES in your e-portfolio.

Educational Supervisor

Name:

Email address:

Section 5: Declaration

I confirm this form is a true and accurate declaration at this point in time and will immediately notify the Deanery/HEE local team and my employer if I am aware of any changes to the information provided in this form.

I give permission for my past and present ARCP/RITA portfolios and/or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer. Additionally, if my Responsible Officer or Designated Body changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation.

Trainee signature:

Date:

You must return a copy of the form to: 1) your Educational Supervisor and 2) the Pharmaceutical Medicine Deanery at deanery@fpm.org.uk.