



# A GUIDE TO USING THE LLP IN WEST YORKSHIRE

V1.0

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## How to use this guide

This guide has been written for trainees by trainees who have themselves previously been confused and made mistakes when using the LLP. The goal is to ensure everybody knows what they should be documenting as they progress through training, and how to do so correctly on the LLP platform. This version is written specifically for Stage 1 trainees in West Yorkshire though many of the principles will be universal.

Where you see something that looks like this → [Example](#) you can click and it will link you to the relevant section of the guide.

Where you see something that looks like this → [Example](#) you can click and it will link you to an external web page.

Anything in a red box like this is a “top tip” which has frequently been done incorrectly by trainees in the past.

The guide is definitely not intended to be read cover-to-cover. Instead, the idea is that the guide can be consulted as and when needed. We suggest taking a look through the → [What do I need to do?](#) page every month or two to ensure you are doing everything that you should be (and possibly more frequently in the run up to ARCP). If you are using an LLP feature for the first time (or have used it before but you’re not sure you’re doing it right!), click through and read that section of the guide before using it.

The guide also doesn’t comprehensively explain all the technical aspects of the LLP platform itself – more information about this can be found on the → [RCoA LLP Help and Support](#) page. The college have made a number of helpful videos showing how to use many of the LLP features – these are linked to in the relevant sections.

Despite our best efforts there will inevitably be some errors and omissions made. If you spot any please do flag them up. The current owner of this document is Joe Gleeson-Buddhdev (Stage 1 STC rep) who can be emailed at → [jgleeson@doctors.org.uk](mailto:jgleeson@doctors.org.uk). **If you ever have a discrepancy between something written in this guide and something you’re told by a college tutor, TPD, or official RCoA guidance, then assume they are right and the guide is wrong! And please let us know so the guide can be updated.**

Thanks and happy LLPing!

Once you’ve used this guide a few times, it would be really helpful if you could

→ [Provide some feedback!](#)

# What do I need to do?

## Start of Placement

- 👤 Check → [Your Profile](#) is correct and up to date
- 💡 Make sure you know what you need to achieve during your placement – see → [Requirements by year](#) → [ACCS ARCP Guide](#) and/or → [Anaesthetic ARCP Guide](#)
- 📅 Ensure placement is set correctly → [View and add placements](#)
- 👋 Meet your ES & log this → [ES Meetings](#)
- 📅 Set PDPs during ES meeting → [PDP](#)

## During Placement

- 📅 Log all cases on LLP logbook → [The Logbook](#)
- 📄 Complete regular SLEs → [Supervised Learning Events](#)
- 👤 Complete HALOs, milestones and CCCs → [HALOs](#) → [Milestones](#) → [CCCs](#)
- 👤 Complete at least 1 MSF → [MSF](#)
- 👤 Complete at least 1 MTR → [MTR](#)
- 👤 Complete reflections, especially on any SIAs, complaints etc → [Reflections](#)
- 👤 If you pass the exam – inform TPD, upload the email confirming your success as a → [Personal Activity](#) and add your pass date to → [Your Profile](#)
- 👤 Log any teaching, QIP, Audit, courses, conferences etc → [Personal Activity](#)
- ✅ Mark any PDP goals you complete as completed → [PDP](#)
- 👋 Meet your ES at least once in addition to start & end of placement meetings & log this → [ES Meetings](#)

## Approaching ARCP

- 📖 Check the → [ACCS ARCP Guide](#) and/or → [Anaesthetic ARCP Guide](#)
- 👋 Meet your ES & log this → [ES Meetings](#)
- ✅ Complete ARCP checklist with ES → [ARCP Checklist](#)
- 📄 Complete and upload Form R → [Create Form R on TIS](#) → [Upload in Personal Activity](#)
- 📄 ESSR – initiate at least 1 month before ARCP date → [ESSR](#)
- 🕒 **Your portfolio must be ARCP ready at least 2 weeks before your ARCP date.**

# Requirements by year

<b>ACCS CT1</b>	<p><b>Must Complete</b> - LO 1, 2, 4 + the aspects of LO5 which can only be done in EM (eg fracture manipulation).</p> <p><b>Make Progress On</b> – LO 3, 5, 6, 9, 10, 11  <i>Adding to evidence: LO 9-11 do GCP and improvement academy QI bronze award.</i>            See also → <a href="#">ACCS ARCP Guide</a></p>
<b>ACCS CT2/ Core CT1</b>	<p><b>Must Complete</b> – IAC (EPA 1&amp;2), ICM 6 months full time equivalent            → <a href="#">IAC Workbook</a> → <a href="#">Example IAC Portfolio</a></p> <p><b>Make Progress On</b> - Make a start on some of the other Units of Training (UoTs). Must add to Generic Professional Capabilities.            Consider → <a href="#">GCP</a> and → <a href="#">Improvement academy QI bronze award</a></p> <p><b>ACCS/core differences</b>            ACCS need to complete LO 1-11 (sedation to supervision level 2a in LO5 - use ASAT). See also → <a href="#">ACCS ARCP Guide</a>            Core might do 3 months ICM in CT1 and 3 months later.</p>
<b>ACCS CT3/ Core CT2</b>	<p><b>Aim to Complete</b> – IACOA (EPA 3&amp;4), ICM (if not already done).            CCC Paeds and CCC Obs if these are not offered at your ACCS4/CT3 hospital.            → <a href="#">IACOA Workbook</a></p> <p><b>Make Progress On</b> – Continue progress on other UoTs, sign some off if able. Must add to Generic Professional Capabilities. Consider CCC paed (any hospital except LTHT), CCC obs (BRI, MY, LTHT, CHFT).</p>
<b>ACCS CT4/ Core CT3</b>	<p><b>Must Complete</b> – all remaining UoTs. Note you are highly unlikely to sign off General UoT until last few months of Stage 1. Will need CCC paed and CCC obs as part of GA sign off if not already completed. Must pass primary FRCA.            **Some people may complete EPA 3&amp; 4 this year</p> <p><b><u>Stage 1 General in a nutshell</u></b></p> <ul style="list-style-type: none"> <li>• EPA 1 &amp; 2</li> <li>• General surgery, urology, gynaecology, orthopaedics</li> <li>• Consider solo ALMAT toward end of stage 1</li> <li>• Trauma (Any trauma in theatre or ED e.g. Trauma theatre lists such as #NOF)</li> <li>• Paediatric CCC</li> <li>• Obstetric CCC (plus EPA 3&amp;4)</li> <li>• TIVA</li> <li>• Remote site / Non theatre</li> <li>• Critical incidents</li> <li>• Managing complications</li> <li>• Frail / elderly/ obese patients</li> <li>• Difficult / shared airway</li> </ul>

# Levels of Supervision

The levels of supervision are relevant when:

- You are completing your → [Logbook](#), and when
- → [SLEs](#) are being completed by a trainer.

The available levels of supervision are:

1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)

→ [RCoA Levels of Supervision](#)

These are relevant when signing off → [HALOs](#) – for example for the IAC, EPA 1 and 2 both need to be at level 2B for sign off.

When you are completing your logbook, you should log the level of supervision which you **actually** had for the case. As you progress through training you are expected to do increasing amounts of work with local or distant supervision.

However - when a trainer is completing an SLE, they should select the level of supervision under which they feel you **could** have completed the case.

For example - you do a simple ASA 1 appendicectomy where the consultant is in the coffee room throughout. You run the case yourself and afterwards the consultant agrees they were happy with how you handled the case. You should log this case as 2A as the consultant was actually in the theatre suite throughout. However if you complete an SLE, you could ask the consultant to record a 2B or a 3, as you could have handled the case with more distant supervision.

# Your Profile

→ [RCoA Video](#)

When you login to LLP, you will see your name at the top right. Click your name to go to the Your Profile section. Here, you can see the details the LLP has set for you. Clicking **Edit your details** allows you to:

- Change your registered email address
- Change your position from trainee (eg if you do an OOPE or become an SAS doctor after completing Stage 1)
- Add the dates that you have passed your primary and final exams

If you pass the exam (congratulations!), you should record the pass date on Your Profile, and upload the email confirming your pass (for the primary) or FRCA certificate (for the final) via → [Personal Activity](#). Please also inform your educational supervisor and your TPD of your success!

If any of the other details are wrong (or need updating, eg you change your name after getting married), you'll need to contact the LLP support team - → [lifelong@rcoa.ac.uk](mailto:lifelong@rcoa.ac.uk)

In Your Profile, you can also upload a CV (recommended but not essential), download a copy of your portfolio as a zip file, and see who has access to view your portfolio.

# View & Add Placements

→ [RCOA Video](#)

You need to update the system every time you start working at a new hospital and/or change your grade. However you don't need to update the system if you start working in a new speciality (eg ICU/obstetrics) at the same hospital. To set a new placement –

From the LLP homepage, scroll down to the Current Placement and Profile box, and click **View and add placements** -

Current placement and profile	
Hospital	Pinderfields Hospital
Role	CT3
Educational Supervisor	
Clinical Supervisor	Not set
Rotation end	5 May 2026

View and add placements

The View and add Placements page displays your current placement and all previous ones too. You can click Edit Placement to make changes to your current or previous placements if needed.

To add a new placement, click the **Add new placement button** - this brings you to a short form to complete which is self-explanatory.

Make sure to correctly set your hospital, your Educational Supervisor, and your Stage of training as these will pull through into other parts of the LLP.

# Supervisor Meetings

→ [RCoA Video](#)

You should meet with your supervisor at least three times a year – once at the start of a placement, once during the placement, and once ahead of ARCP.

You can meet more frequently than this – in fact the college recommends meeting once per month!

There are two ways to log meetings with your Supervisor. The first is via an → [ESSR](#). At least one ESSR per year must be completed (usually ahead of ARCP), but you can do them more frequently if your supervisor wants to.

The other way is to record the meeting as a Personal Activity. From the dashboard, click **Personal Activity**, which will bring up a short form. Give the activity an appropriate title, and select **Supervisory Meeting** as the activity type. Selecting this as the activity type means the meeting will be pulled through into the → [ESSR](#).

Most Educational Supervisors will have a document that they will fill out with you during the meeting and send to you. You should upload this document by clicking **Add Supporting Document**. Submit the personal activity ensuring it is visible on the ESSR.

In addition to this, you should record any PDP goals directly on LLP (even if your supervisor has written them on the document) - → [PDPs](#)

# Personal Development Plans (PDPs)

→ [RCoA Video](#)

A PDP is a list of targets (called "goals" in LLP) that you are aiming to achieve in a given timeframe. You should set at least one PDP per year, though can do them more frequently. For example you may wish to have a PDP to cover your IAC period, or your ICU placement. The PDP should be agreed with, and regularly reviewed by your educational supervisor.

To make a PDP - from the dashboard, click Personal Development Plan, then click **Create new PDP**. Give your PDP a title, a description, and set dates. Examples of appropriate titles would include "CT2 ICU placement" or "CT3 rotation". Once you have created the PDP, you will be able to add Goals to it by clicking **Add new Goal**.

**New Goal**

**Objective**  
Complete sedation HALO

**Target review date**  
Choose a date.  
Day: 01, Month: 11, Year: 2025

**Target completion date**  
Choose a date.  
Day: 02, Month: 02, Year: 2026

**Action**  
Aiming to gain appropriate experience to complete the sedation HALO

**Resources required**  
Blackboard sedation course  
Leeds sedation course  
Access to appropriate lists

**Measurement**  
Sign off of HALO

Goals are SMART targets that you aim to complete during the PDP period. You should have both clinical and non-clinical goals. It is also ok to have goals relating to your personal life. Each Goal should be added separately, so you can tick off each goal as you achieve it. An example of a correctly set PDP could be:

**PDP – ACCS CT3 placement at Mid Yorkshire (1 year)**

**Goals –**

- 1 – Complete sedation HALO
- 2 – Complete IACOA
- 3 – Make progress on GA HALO, including by working towards doing appropriate solo lists
- 4 – Pass the Primary FRCA
- 5 – Complete an audit or QIP related to my interest in pain
- 6 – Run a teaching session for novice anaesthetists
- 7 – Attend one anaesthetic conference
- 8 – Complete the local 10k run

When you have completed a goal, click on it within your PDP. Explain how you have met the goal in free text in the box, then click Mark Goal as complete.

#### Goal Progress and Evidence of completion

Use this area to record any challenges that you overcame, such as equipment becoming unavailable and when a goal has been accomplished, please add supporting details

I completed the online sedation course and attended the [Leeds course](#). I've been to 5 deep sedation endoscopy lists and used a range of techniques including TCI and midazolam/fentanyl. I have now had the sedation HALO signed off.



#### Completion

When you are ready to complete this goal you can mark it as complete, after completion you will not be able to add additional evidence.

Mark Goal as complete

# The Logbook

→ [RCoA Video](#)

The Logbook is where you can record all the cases you are involved in. Case numbers are reviewed at ARCP. There are six ways to log:

Type	Use	Required?
<b>Anaesthetic</b>	Log theatre cases	Mandatory
<b>Intensive Care Medicine</b>	Individual ICM cases	Discuss with local ICM college tutor
<b>Acute Pain</b>	Acute pain reviews	Optional but may be required by trainer signing the pain HALO
<b>Chronic Pain</b>	Chronic pain reviews	Optional but may be required by trainer signing the pain HALO
<b>Procedure (stand-alone)</b>	Procedures not done as part of a theatre case (eg lines, blocks, drains, cardioversion)	Recommended
<b>Session</b>	Log sessions (morning/afternoon/evening/night) spend in clinics (eg pain, pre-op), pain rounds, or ICM.	Mandatory for acute pain, chronic pain, and ICM sessions

Entering cases into the logbook is quite self-explanatory. Some tips for the logbook are:

- Try to log the cases at the time or the same day as they can otherwise become overwhelming!
- When selecting the supervision level (for the case and for procedures), input the **actual level of supervision that occurred**. This is especially important as you progress through training as the ARCP panel will expect to see increasing amounts of solo work. See → [Levels of Supervision](#)
  - When selecting the supervision level for a procedure, "Observed" means you watched somebody do the procedure, "Supervised" means somebody watched you do the procedure.
- If you do an RSI, make sure you log the Mode of Anaesthesia as RSI **and** input RSI as a procedure – especially important when completing IAC so your case numbers display correctly.

Clicking "**Review Logbook**" brings up a snapshot of your total case numbers, and allows you to go back into previously-submitted entries which can be edited if needed.

Clicking "**Create Summary report**" will bring up a more detailed overview of your cases, including the numbers in each surgical speciality and the number of each procedure you have completed.

# Supervised Learning Events (SLEs)

→ [RCoA video](#)

SLEs are low-stakes formative assessments which provide evidence towards signing off → [HALOs](#) and provide you with feedback. They are initiated and mostly written by you, but signed off by a trainer. To start an SLE, click on Supervised Learning Events from the dashboard, then select the type of SLE you want to fill out. The SLEs available are as follows:

Type	ACCS Equivalent	Use For
<b>A-CEX</b> <i>Anaesthesia Clinical Evaluation Exercise</i>	ACCS MINI CEX	Observed performance in the clinical setting (more broadly than a specific procedure). Eg anaesthetic management of a patient with renal failure.
<b>A-QIPAT</b> <i>Anaesthesia Quality Improvement Project Assessment Tool</i>	N/A	Assessment of a QIP you have completed.
<b>DOPS</b> <i>Direct Observation for Procedural Skills</i>	ACCS DOPS	Observed performance in a procedure, eg a nerve block, arterial cannulation, epidural insertion.
<b>Triple C</b> <i>Capability Cluster Completion</i>	N/A	See → <a href="#">CCC</a>
<b>ALMAT</b> <i>Anaesthesia List Management Assessment Tool</i>	ACCS ACAT (roughly)	Performance in running a list – focuses on both clinical and non-clinical skills.
<b>CBD</b> <i>Case Based Discussion</i>	ACCS CBD	Used away from the clinical environment based on a discussion assessing knowledge and rationale for actions.

Completing the form for SLEs is self-explanatory. Tips include:

- Discuss what SLEs you would like to complete with your supervisor at the start of the session rather than at the end!
- If you write up an SLE while still with the supervisor, they can sign it then and there by clicking "Quick Agreement" and using their own login details.
- Agree the → [Level of Supervision](#) required with the trainer before you send them the form. You may wish to remind them that they should rate you based on the level of supervision you **could** have completed an identical case with, rather than the level of supervision you actually had!
- SLEs can be linked to as many UoTs as they are relevant for. For example an A-CEX about using a femoral nerve block for analgesia in the context of a femoral hemiarthroplasty could be linked to both regional anaesthesia and pain.
  - Especially remember this when completing EPA 1 & 2 as the case may also be relevant to general, regional, peri-op, or several other UoTs.
  - When completing EPA 3 & 4 you may wish to link to Regional & the obstetric competencies of General Anaesthesia
  - However you can not link to Stage 2 or 3 UoTs while still in Stage 1.

# Holistic Assessment of Learning Outcomes (HALOs)

→ [RCoA Help](#)

HALOs are summative assessments – where a trainer signs off that you have achieved all the learning outcomes for a Unit of Training (UoT) for your stage. The requirements for UoTs to be signed off vary between UoTs and between hospitals, but in general the trainer will look for → [SLEs](#) signed off at the appropriate → [Level of Supervision](#), the number of relevant cases in your → [Logbook](#), and potentially an → [MTR](#) related to the HALO.

Your hospital may have designated consultants to sign off each UoT. If you are not sure, ask your college tutors. If you are aiming to get a HALO signed off for a given UoT during your placement, you should discuss this with the trainer responsible as early as possible so you understand the requirements. It's good practice to talk to them once you feel you have met the learning outcomes too ahead of sending them the HALO form.

To create a HALO, on the Dashboard click **Review Curriculum**, then scroll to the relevant UoT and click Create HALO.

Perioperative Medicine and Health Promotion			Domain details
Entries	Stage Learning Outcomes	Examples of Evidence	
<ul style="list-style-type: none"><li>• 11 SLES</li><li>• 1 Personal activity</li><li>• 0 Personal reflections</li></ul>	<ul style="list-style-type: none"><li>• Identifies clinical and social challenges that increase risk for patients undergoing surgery.</li><li>• Appreciates the principles of sustainability in clinical practice</li></ul>	See key capabilities for details	<div>Create HALO</div> ▼

Choose the correct assessor at the top of the page. All the evidence you have linked under each domain will be listed and visible to the assessor. If you need to link an → [MTR](#) to the HALO, you can do this at the bottom of the page by clicking Choose MTRs. Click Send for Approval and it will be sent to the assessor.

For a HALO to be correctly signed off, you need evidence under each set of outcomes. For example, Pain's key capabilities are:

Key capabilities A to C

- A - Can recognise, examine, assess and manage acute pain in the surgical and non-surgical patient
- B - Is able to safely and appropriately prescribe medication for pain management
- C - Demonstrates effective communication skills regarding pain management with patients, relatives and carers

Key capabilities D & E

- D - Demonstrates the basic assessment and management of acute on chronic and chronic pain in adults
- E - Describes the concept of biopsychosocial multi-disciplinary pain management

Key capability F - Describes the special circumstances in assessing and managing perioperative pain in specific patient groups including children, pregnancy and breast feeding, the elderly and frail, those with learning and communication difficulties, autism, dementia, renal and hepatic impairment and substance abuse

Key capability G - Demonstrates the safe use of equipment used in pain management

If you submitted a HALO with evidence under A-C, D&E, and F but without any evidence under G, it should not be signed off. If the trainer did sign the HALO anyway this could be questioned at ARCP.

# Milestones

→ [RCoA Video](#)

There are three relevant milestones in Stage 1. Each milestone requires other parts of the LLP to be completed before being initiated.

Milestone	Completed in	Requirements
<b>IAC</b> <i>Initial Assessment of Competence</i>	CT1/ACCS 2	→ <a href="#">HALOs</a> for EPA 1 + 2 Simulation course recorded in → <a href="#">Personal Activity</a> → <a href="#">MTR</a>
<b>IACOA</b> <i>Initial Assessment of Competence in Obstetric Anaesthesia</i>	CT2/ACCS 3 (usually)	→ <a href="#">HALOs</a> for EPA 3 + 4 Simulation course recorded in → <a href="#">Personal Activity</a> → <a href="#">MTR</a>
<b>Stage 1 Certificate</b>	CT3/ACCS 4	All → <a href="#">HALOs</a>

All certificates require two trainers to sign them off. Check with your educational supervisor or college tutor who to send the certificate to.

To create a certificate, click **Milestones and Certificates** on the dashboard. Select the relevant milestone. For IAC/IACOA:

- Check the simulation course you attended is displaying.
  - If it isn't you probably didn't select the relevant milestone when you recorded it in → [Personal Activity](#). Return to the personal activity, click **Edit activity**, and click **Add milestone**. Click the relevant milestone then save the activity. It should then appear on your milestone form.
- Select the relevant → [MTR](#)

You can then choose the relevant trainers to counter sign the certificate. Once they have signed it, you will be able to download your certificate.

When you generate your Stage 1 completion certificate, make sure to put your end of training date on the certificate – not the date of ARCP or the date the certificate is signed.

# Capability Cluster Completion (CCCs)

→ [RCoA Help](#)

CCCs allow trainers to sign off specific learning outcomes within a Unit of Training without signing off the whole UoT. You can think of them as being like a mini-HALO. In Stage 1 they have two uses:

- Paediatric parts of General Anaesthesia & Perioperative
- Obstetric parts of General Anaesthesia & Perioperative

Similar to HALOs, there will be a trainer or trainers responsible for signing off your CCCs. Discuss the requirements for this with them in good time.

When you are ready to have the CCC signed off, discuss it with the relevant trainer. Unlike HALOs, the CCC form does not allow the assessor to see your linked SLEs, logbook, MTR etc. You may therefore need to sit down and go through your portfolio together, or send them pdf copies of the relevant paperwork directly or by adding them as supporting documents to the form.

To create the CCC - on the dashboard click on Supervised Learning Events then Triple C. Choose the assessor, the appropriate stage of training, and link the appropriate key capabilities –

- For Paediatrics this will be General Anaesthetic key capabilities O & P and Perioperative key capability M
- For Obstetrics this will be General Anaesthetic key capabilities Q & R and Perioperative key capability N

# Multi Source Feedback (MSF)

→ [RCoA video](#)

MSFs allow you to collect feedback from the MDT. This is different to an → [MTR](#) which is only completed by your trainers (consultants or senior anaesthetists). However you should still send the MSF to consultants and senior anaesthetists as it asks different questions than an MTR. Try to get responses from a good variety of professionals – other anaesthetic trainees, surgeons, ODPs, midwives, nurses, admin staff etc.

	MSF	MTR
Initiated by	Trainee	Educational Supervisor
Invites sent by	Trainee	Educational Supervisor
Should be sent to	Anyone you work with – anaesthetists, other doctors, AHPs, admin staff etc	Trainers (consultants/senior anaesthetists) only
Minimum responses	12	3
Closed by	Educational Supervisor	Educational Supervisor
Should be completed	At least one per year	At least one per year + to support IAC/IACOA, certain HALOs and CCCs

You need to complete at least one MSF per year, and need at least **12 responses**.

Unlike MTRs you open the MSF yourself whenever you like, and send it out to respondents yourself. To create an MSF, from the dashboard click **Multi Source Feedback** then **Create New MSF**. Put in an appropriate title and description and click **Create MSF**. You'll then be able to add participants:

- Use **Add new participants** to look up other anaesthetists who are on the LLP already
- Use **Add new guest participants** to send the MSF to non-anaesthetists. You'll need their name, email address, registration number if applicable (eg GMC, NMC)

Once you have added participants you can click **Open MSF and send invites**. You will be able to see whether individual participants have completed the MSF, and can send them a reminder email every 24 hours. You can add more participants at any time.

Once you have enough participants, click **Request Closure**. This will send the MSF to your Educational Supervisor, who will review it and either send it back (eg if you need more responses) or release it so you can see the replies. You may then want to complete a → [Reflection](#) about the MSF, especially if there are any suggested areas for you to improve upon.

# Multiple Trainer Report (MTR)

→ [RCoA video](#)

MTRs are intended to allow trainers (consultants/senior anaesthetists) to confirm whether they feel you are making satisfactory progress in your training. They differ from → [MSFs](#) which are completed by a variety of different professionals.

	MSF	MTR
Initiated by	Trainee	Educational Supervisor
Invites sent by	Trainee	Educational Supervisor
Should be sent to	Anyone you work with – anaesthetists, other doctors, AHPs, admin staff etc	Trainers (consultants/senior anaesthetists) only
Minimum responses	12	3
Closed by	Educational Supervisor	Educational Supervisor
Should be completed	At least one per year	At least one per year + to support IAC/IACOA, certain HALOs and CCCs

You need at least one MTR per year with 3 responses. MTRs are also mandatory for sign off of IAC, IACOA, paediatrics and obs → [CCC](#), and may be a requirement for some → [HALOs](#) (discuss this with the trainer who signs off given HALOs at your hospital).

Unlike MSFs, you cannot create an MTR yourself. Instead you will need to ask your Educational Supervisor to create the MTR and send out the invites. You may need to let them know which consultants you have worked with recently.

Once your ES has collected enough responses, they will send the MTR to you for you to review. The MTR will then be available to be linked to within → [HALOs](#) and → [CCCs](#) as required. You may also want to complete a → [Reflection](#) about the MTR, especially if there are any suggested areas for you to improve upon.

# Reflections

→ [RCoA Video](#)

Reflections are a way to record learning that hasn't been recorded within an → [SLE](#).

You can initiate a reflection in one of two ways:

- Directly by clicking **Personal Reflection** from the LLP dashboard
- Having completed a → [Personal Activity](#) and clicking **Save Activity and Add Reflection**

The former way can be used to create reflections on cases, serious incidents, and so on. The latter way is how you should record reflections about your learning having attended teaching, courses, and so on.

Reflections can be linked to appropriate UoTs and become visible on HALOs. However only reflections created via a → [Personal Activity](#) will be visible on the → [ESSR](#) form.

There is no minimum number of reflections you have to complete per year. However you do have to demonstrate you are a reflective practitioner. This can be via verbal reflections with your supervisor so long as they comment upon this on your ESSR form.

# Personal Activity

This section lets you log learning from activities like teaching, meetings, and reading. It is also the best way to upload important documents such as Form R, and Supervisory Meetings. Essentially if you have been sent a certificate, you'll want to upload that as a Personal Activity.

Some of the activities will pull through into other forms within LLP (and therefore it is essential to select the correct type of activity):

Activity	Pulls into
<b>ARCP documents/Form R</b>	ESSR (form R section)
<b>Supervisory meeting</b>	ESSR (supervisory meeting section)
<b>Simulation training</b>	IAC and IACOA → <a href="#">milestones</a> (simulation activities section) – need to select the relevant milestone when completing the personal activity form

Aside from these, the most relevant types of activities you can log are:

Activity	Example
<b>Academic</b>	Uploading email confirming FRCA Primary pass
<b>E-learning</b>	Completing the novice section of → <a href="#">eLFH</a>
<b>Educational courses/conferences/events</b>	Attending the Stage 1 trauma course
<b>Patient feedback</b>	Email from patient ( <b>make sure to anonymise this before uploading!</b> )
<b>Presentation</b>	Presented at local clinical governance meeting
<b>Project</b>	Created patient information leaflet
<b>Publication</b>	Case report in BJA
<b>Quality Improvement</b>	Completed QulP (also consider → <a href="#">A-QIPAT!</a> )
<b>Teaching</b>	Teaching session for novice anaesthetists (consider uploading feedback too)

To log a Personal Activity, select Personal Activity from the dashboard and complete the form. You should upload evidence that accompanies the personal activity by clicking Add Supporting document. Link the activity to any relevant key capabilities. You can complete the form by clicking **Save changes and return to dashboard**. Alternatively you can add a linked reflection by clicking **Save activity and add reflection**.

It is good practice to complete a → [Reflection](#) for most personal activities. This better demonstrates how the activity helped your learning and progression rather than just logging that you have done it.

Documents you upload as part of personal activities can be viewed later either by bringing up the same personal activity, or in the **Document Store** available via the dashboard.

# Educational Supervisors Structured Report (ESSR)

→ [RCoA Video](#)

The ESSR provides an overview of everything you've logged in your portfolio during a given period of time. It's reviewed by the ARCP panel and so is vital to do correctly.

It is mandatory for your ESSR to have comments from your ES **and** your college tutor. To allow them time to review and comment on your ESSR, you need to send it to them at least a month ahead of your ARCP date.

To create an ESSR – from the dashboard click **ESSR Records** then **Create new ESSR**. Give it an appropriate title (eg CT3 2024-2025). Put in start and end dates – the start date should be the date after your previous ESSR ended (or the date you started training if you are CT1). The end date will be the date you are creating the ESSR

## Title

Please enter a Title that describes the purpose of this ESSR. Please ensure you have your current Educational Supervisor listed on your current placement, as their details will automatically be added to this form when you select the "Send to Educational Supervisor" button. Also, please remember to manually "Choose College Tutor" before you send it to your Educational Supervisor.

ESSR - CT3 (2024/25)

## Start Date

The Start Date must be at least one day earlier than the date of any evidence you wish to include

Day Month Year

11

06

2024



## End Date

The End Date must be at least one day later than the date of any evidence you wish to include

Day Month Year

23

07

2025



## Academic

☐ Yes

☐ No

Create ESSR

This will create a draft ESSR form.

At this point it is essential that you make sure your ES and College Tutor are set correctly! Both your ES and College Tutor have to comment on the ESSR for it to be valid for ARCP. So failing to ensure your ES and College Tutor are set properly on the ESSR could affect your ARCP outcome.

To set your college tutor, click **Choose College Tutor** – it easy to look them up on the system.

# ESSR - CT3 (2024/25)

ESSR

## Draft

Created:

7 August 2025

### Created by Learner

Name	Stage	GMC	CRN
	CT3		

### Educational Supervisor

Name	Type	GMC
Not set.		

### College Tutor

College Tutor not set

[Choose College Tutor](#)

### ESSR Navigation

- |  |  |  |
|--|--|--|
| 1. <a href="#">Overview</a>                  | 7. <a href="#">Supervisory Meeting</a>               | 13. <a href="#">Absences</a>                               |
| 2. <a href="#">Placements in Programme</a>   | 8. <a href="#">Review Learning Progress</a>          | 14. <a href="#">Form R</a>                                 |
| 3. <a href="#">Examinations</a>              | 9. <a href="#">Supervised Learning Events</a>        | 15. <a href="#">Details of any concerns/investigations</a> |
| 4. <a href="#">Milestones</a>                | 10. <a href="#">Multisource Feedback - Completed</a> | 16. <a href="#">Comments</a>                               |
| 5. <a href="#">Personal development plan</a> | 11. <a href="#">Multiple Trainer Reports</a>         |  |
| 6. <a href="#">Logbook</a>                   | 12. <a href="#">Non Clinical Activities</a>          |  |

## 1) Overview

### Start date

11 June 2024

Academic

### End date

23 July 2025

CCT

26 May 2024

### CV

[You have not yet uploaded your C.V.](#)

The College Tutor's name should then be visible at the top of the ESSR form.

Confusingly, it will say that Educational Supervisor is "Not set" until you have sent them the form. However you can check in section 2 that your ES is listed as your ES. If your supervisor isn't set correctly, you'll need to set it up via [➡ View and add placements](#), then delete the ESSR form and start a new one.

Check through the rest of the form and make sure that everything that you think should be included has been. The ESSR will only include evidence that has been uploaded during the dates you set when you created the form.

Check that your Form R is showing up in section 14. You should have created the Form R via [➡ TIS](#) and uploaded it as a [➡ Personal Activity](#). The date you put on Form R needs to be at least 1 day before the end date of the ESSR in order to be pulled through properly (eg if you create the ESSR on 2<sup>nd</sup> July, the Form R would need to have been uploaded on 1<sup>st</sup> July).

You will need to log any absences in section 13. You can add your own comments in section 16 - outline your thoughts on your progress, challenges, and achievements throughout the year.

Once you're happy with everything, click **Send to Educational Supervisor**. Your ES will then make comments and send the ESSR on to the college tutor for further comments. Once all comments have been made, the ESSR will be ready for the ARCP panel to review.

# Document Control

Version	Release Date	Author	Notes
V1.0	27 <sup>th</sup> October 2025	Joe Gleeson-Buddhdev jgleeson@doctors.org.uk	