

COLLEGE OF ANAESTHESIOLOGISTS OF IRELAND

Appendix 1 — Practice Review Verification Form

Professional Competence Scheme (PCS) | Version 2.0 | 2025

**Instructions**

To be completed on official Hospital, University, or Organisation letterhead. All sections must be completed in full. Attach all supporting documentation listed in Section 5 before submitting. Refer to the PCS Practice Review and Work-Based Learning Guidance (v2.0) for eligibility criteria, acceptable evidence, and reflection requirements.

**Section 1 — Doctor Details**

<b>Full Name of Doctor</b>	
<b>Medical Council Registration No.</b>	
<b>Hospital / Organisation</b>	
<b>Department</b>	
<b>PCS Cycle Year</b>	<i>e.g. 2024–2025</i>

**Section 2 — Practice Review Activity Details**

① **Guidance:** *Scope of Practice options: Anaesthesiology / Intensive Care Medicine / Pain Medicine / Perioperative Medicine / Other. Activity Type options: Audit / QI Project / M&M Review / Critical Incident Review / MSF / Appraisal / Patient Feedback. For Audit submissions, the separate PCS Clinical Audit Submission and Verification Form (v2.0) must also be completed.*

<b>Activity Title</b>	
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<b>Scope of Practice</b>	<input type="checkbox"/> Anaesthesiology	<input type="checkbox"/> ICM	<input type="checkbox"/> Pain Medicine	<input type="checkbox"/> Perioperative / Other
<b>Activity Format</b>	<input type="checkbox"/> In-person	<input type="checkbox"/> Online	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Blended

<b>Activity Type</b>	<i>Audit / QI / M&amp;M / Critical Incident Review / MSF / Appraisal / Patient Feedback</i>
<b>Activity Location</b>	<i>Hospital / College / University / National Programme / Other</i>
<b>Date(s) of Activity</b>	<i>DD/MM/YYYY or range</i>
<b>Hours Claimed</b>	

### Section 3 — Medical Council Domain(s)

**Medical Council Domain(s) — tick all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Patient Safety and Quality of Patient Care | <input type="checkbox"/> Management (including Self-Management) |
| <input type="checkbox"/> Relating to Patients                       | <input type="checkbox"/> Scholarship                            |
| <input type="checkbox"/> Communication and Interpersonal Skills     | <input type="checkbox"/> Professionalism                        |
| <input type="checkbox"/> Collaboration and Teamwork                 | <input type="checkbox"/> Clinical Skills                        |

### Section 4 — Verifier Declaration

**① Guidance:** *The verifier must have direct knowledge of the doctor's participation in this activity. Verification should be completed on official institutional letterhead. Electronic signatures are acceptable where the verifier's identity and institutional affiliation can be independently confirmed.*

**Verifier Declaration**

1. The above-named doctor actively participated in the Practice Review activity described in this form.
2. The activity is relevant to the doctor's current scope of anaesthetic practice.
3. The hours claimed are a reasonable reflection of the time committed to this activity.
4. The supporting evidence submitted is, to the best of my knowledge, authentic and accurately represents the activity described.
5. I am an acceptable verifier as defined in the PCS Practice Review and Work-Based Learning Guidance (v2.0).

<b>Verifier Name</b>	
<b>Position / Role</b>	<i>e.g. Clinical Director, Head of Department, College Tutor, QI Lead</i>
<b>Hospital / Organisation</b>	
<b>Contact Email</b>	
<b>Date of Signing</b>	<i>DD/MM/YYYY</i>

<p><b>Signature:</b></p> <hr style="border: 0; border-top: 1px solid black; width: 80%; margin-top: 20px;"/>	<p><b>Official Hospital / Organisation Stamp:</b></p>
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## Section 5 — Supporting Evidence Checklist

① **Guidance:** Tick each item to confirm it is attached. Required items must be included. Recommended items strengthen the submission and reduce the likelihood of queries during AVP.

#	Document	Attached	N/A
1	Audit report or QI report (with standards, methodology, results, action plan) — Required for audit and QI submissions <i>Required</i>	<input type="checkbox"/>	<input type="checkbox"/>
2	Presentation evidence (meeting programme, signed confirmation) <i>Required where applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
3	Completed PCS Clinical Audit Submission Form v2.0 — Required if activity is audit <i>Required for audit</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	MSF report (generated by validated instrument) <i>Required for MSF submissions</i>	<input type="checkbox"/>	<input type="checkbox"/>
5	Appraisal documentation and personal development plan <i>Required for appraisal</i>	<input type="checkbox"/>	<input type="checkbox"/>
6	Patient feedback survey report and improvement plan <i>Required for patient feedback</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	Attendance record or confirmation of participation <i>Recommended</i>	<input type="checkbox"/>	<input type="checkbox"/>
8	Reflection (addressing all four required questions; 150–300 words) <i>Required</i>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6 — Participant Declaration

**I declare that:**

1. The information provided in this form is accurate and complete.
2. The supporting evidence submitted relates to my own professional practice.
3. I understand that providing inaccurate or misleading information may result in referral to the College PCS Committee or the Medical Council.

**Participant Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

## Section 7 — Reflective Summary

① **Guidance:** A reflective summary of approximately 150–300 words is required for all Practice Review activities. Address all four questions below. Vague or generic reflections will not satisfy AVP requirements. Refer to Section 6 of the PCS Practice Review and Work-Based Learning Guidance (v2.0) for detailed guidance on reflection.

1. What was the activity? (Brief description of the activity, your role, and the clinical context.)

2. What did I specifically learn? (Identify concrete learning points — reference evidence, standards, or feedback where relevant.)

3. How will this specifically influence my practice? (Describe changes already made or planned.)

4. What is the anticipated impact on patients, safety, quality, education, teamwork, or service delivery?

**Section 8 — AVP Assessor Use Only**

AVP Assessment Criterion	Satisfactory	Not Satisfactory
Evidence provided and authentic	<input type="checkbox"/>	<input type="checkbox"/>
Activity category appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Relevant to doctor's scope of practice	<input type="checkbox"/>	<input type="checkbox"/>
Medical Council domain correctly identified	<input type="checkbox"/>	<input type="checkbox"/>
Reflection completed (Practice Review)	<input type="checkbox"/>	<input type="checkbox"/>
Hours claimed reasonable and consistent with evidence	<input type="checkbox"/>	<input type="checkbox"/>
Verification satisfactory	<input type="checkbox"/>	<input type="checkbox"/>

<b>AVP Outcome</b>	<i>Satisfactory / Further Evidence Required / Not Accepted / Referral</i>
<b>Assessor Name</b>	
<b>Date of Assessment</b>	<i>DD/MM/YYYY</i>
<b>Notes / Actions</b>	

## COLLEGE OF ANAESTHESIOLOGISTS OF IRELAND

## Appendix 2 — Work-Based Learning Verification Form

Professional Competence Scheme (PCS) | Version 2.0 | 2025

**Instructions**

To be completed on official Hospital, University, or Organisation letterhead. All sections must be completed in full. Attach all supporting documentation listed in Section 5 before submitting. Refer to the PCS Practice Review and Work-Based Learning Guidance (v2.0) for eligibility criteria and acceptable evidence.

## Section 1 — Doctor Details

<b>Full Name of Doctor</b>	
<b>Medical Council Registration No.</b>	
<b>Hospital / Organisation</b>	
<b>Department</b>	
<b>PCS Cycle Year</b>	<i>e.g. 2024–2025</i>

## Section 2 — Work-Based Learning Activity Details

① **Guidance:** Activity Type options: MDT Meeting / Journal Club / Grand Round / Teaching and Training / Mentoring and Supervision / Assessment Activity / Research / Committee Participation / Simulation / Clinical Governance. Multiple activities of the same type may be claimed on a single form with an attached log (e.g. MDT attendance across a year).

<b>Activity Title or Description</b>	
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<b>Scope of Practice</b>	<input type="checkbox"/> Anaesthesiology	<input type="checkbox"/> ICM	<input type="checkbox"/> Pain Medicine	<input type="checkbox"/> Perioperative / Other
<b>Activity Format</b>	<input type="checkbox"/> In-person	<input type="checkbox"/> Online	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Blended

<b>Activity Type</b>	<i>MDT / Journal Club / Grand Round / Teaching / Research / Simulation / Governance / Committee / Other</i>
<b>Activity Location</b>	<i>Hospital / College / University / National Programme / Other</i>
<b>Date(s) of Activity</b>	<i>DD/MM/YYYY or range; attach log for grouped activities</i>
<b>Hours Claimed</b>	
<b>Number of Sessions (if grouped)</b>	<i>e.g. 12 MDT sessions × 1 hour</i>

### Section 3 — Medical Council Domain(s)

#### Medical Council Domain(s) — tick all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Patient Safety and Quality of Patient Care | <input type="checkbox"/> Management (including Self-Management) |
| <input type="checkbox"/> Relating to Patients                       | <input type="checkbox"/> Scholarship                            |
| <input type="checkbox"/> Communication and Interpersonal Skills     | <input type="checkbox"/> Professionalism                        |
| <input type="checkbox"/> Collaboration and Teamwork                 | <input type="checkbox"/> Clinical Skills                        |

### Section 4 — Verifier Declaration

① **Guidance:** *The verifier must have direct knowledge of the doctor's participation in the claimed activity. For grouped activities (e.g. annual MDT attendance), the verifier confirms the overall record rather than each individual session.*

#### Verifier Declaration

1. The above-named doctor participated in the Work-Based Learning activity or activities described in this form.
2. The activity is relevant to the doctor's ongoing professional development and maintenance of competence in their scope of anaesthetic practice.
3. The hours claimed are a reasonable reflection of the time committed to this activity.
4. The supporting evidence submitted is, to the best of my knowledge, authentic and accurately represents the activity described.
5. I am an acceptable verifier as defined in the PCS Practice Review and Work-Based Learning Guidance (v2.0).

#### Verifier Name

#### Position / Role

*e.g. MDT Chair, Head of Department, Research Supervisor, Committee Chair*

#### Hospital / Organisation

#### Contact Email

#### Date of Signing

*DD/MM/YYYY*

#### Signature:

\_\_\_\_\_

#### Official Hospital / Organisation Stamp:

### Section 5 — Supporting Evidence Checklist

① **Guidance:** *Tick each item to confirm it is attached. Where an item is genuinely not applicable, tick N/A and note the reason in the verifier comments field.*

#	Document	Attached	N/A
1	Attendance record or log (signed or electronic; for grouped activities, full-year log) <i>Required</i>	<input type="checkbox"/>	<input type="checkbox"/>
2	Teaching programme or meeting agenda <i>Required where applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
3	Presentation slides (with date and venue on title slide) <i>Required where applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	Meeting minutes with doctor's participation noted <i>Required for committee and governance activities</i>	<input type="checkbox"/>	<input type="checkbox"/>
5	Publication, abstract, or acceptance letter <i>Required for research activities</i>	<input type="checkbox"/>	<input type="checkbox"/>
6	Examiner appointment letter or timetable <i>Required for assessment activities</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	Simulation faculty record or programme <i>Required for simulation activities</i>	<input type="checkbox"/>	<input type="checkbox"/>
8	Certificate of completion <i>Required for formal training events</i>	<input type="checkbox"/>	<input type="checkbox"/>
9	Reflective summary (recommended for all WBL; required following significant clinical events) <i>Recommended / Required</i>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6 — Participant Declaration

### I declare that:

1. The information provided in this form is accurate and complete.
2. The supporting evidence submitted relates to my own professional practice.
3. I understand that providing inaccurate or misleading information may result in referral to the College PCS Committee or the Medical Council.

**Participant Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

## Section 7 — Reflective Summary (Recommended)

**① Guidance:** A reflective summary is strongly recommended for all Work-Based Learning activities and is required where the activity involves a significant clinical event. Approximately 150–300 words. Address the questions below. Refer to Section 6 of the PCS Practice Review and Work-Based Learning Guidance (v2.0) for detailed reflection guidance.

1. What was the activity and what was your specific role?

2. What did you specifically learn from this activity?

  
  
  

3. How will this influence your future practice?

**Section 8 — AVP Assessor Use Only**

AVP Assessment Criterion	Satisfactory	Not Satisfactory
Evidence provided and authentic	<input type="checkbox"/>	<input type="checkbox"/>
Activity category appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Relevant to doctor's scope of practice	<input type="checkbox"/>	<input type="checkbox"/>
Medical Council domain correctly identified	<input type="checkbox"/>	<input type="checkbox"/>
Reflection completed (Practice Review)	<input type="checkbox"/>	<input type="checkbox"/>
Hours claimed reasonable and consistent with evidence	<input type="checkbox"/>	<input type="checkbox"/>
Verification satisfactory	<input type="checkbox"/>	<input type="checkbox"/>

<b>AVP Outcome</b>	<i>Satisfactory / Further Evidence Required / Not Accepted / Referral</i>
<b>Assessor Name</b>	
<b>Date of Assessment</b>	<i>DD/MM/YYYY</i>
<b>Notes / Actions</b>	