**Annual Review of Competence Progression (ARCP)**

**Checklist for Work Place Based Assessments in EM ST6**

Trainee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NTN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| ST6 WBPA  | **Date checked** |
| * 2 Extended Supervised Learning Events (ESLE) acting in Consultant role (one of which must be completed within the first 6 months)
 | Date |
| All Curriculum completed: | **Date checked** |
| * HMP 1 – 5
 | Date |
| * HAP 1 – 34 for 2010 curriculum: 36 for 2015 curriculum
 | Date |
| * PMP 2 - 6
 | Date |
| * PAP 1, 2, 4, 7, 9, 13, 15, 16
 | Date |
| * HST PEM – 6 Complex Paediatric Presentations
 | Date |
| * ARCP outcome 1 or equivalent for CT/ST1
 | Date |
| * ARCP outcome 1 or equivalent for CT/ST2
 | Date |
| * ARCP outcome 1 or equivalent for CT/ST3
 | Date |
| * ARCP outcome 1 or equivalent for ST4
 | Date |
| * ARCP outcome 1 or equivalent for ST5
 | Date |

|  |  |
| --- | --- |
| Structured Training Report | Date |
| MSF – minimum of 12 responses (annual)with spread of participants as agreed with Educational Supervisor | Date  |
| FRCEM passed - upload certificate to e-portfolio | Date |
| CTR or QIP completed | Date |
| Completed Management Portfolio project(s) | YES / NO (please circle) |
| Number of regional training days attended – upload certificates to e-portfolio | Number |
| ALS or equivalent (current provider) – upload certificate to e-portfolio | Date  |
| ATLS or equivalent (current provider) – upload certificate to e-portfolio | Date  |
| APLS or equivalent (current provider) – upload certificate to e-portfolio | Date |
| Safeguarding children Level 3 – upload certificate to e-portfolio | Date  |
| USS Level 1 sign off – upload certificate to e-portfolio | Date  |
| Logbook on practical procedures undertaken/taught on e-portfolio | YES / NO (please circle) |
| Common competences: **23/ 25 to Level 4**  confirmed by Educational Supervisor and trainee (red and blue man symbols) | YES / NO (please circle) |
| Local feedback completed as determined by Deanery/LETB | YES / NO (please circle) |
| Completed minimum of **36 months WTE** in Higher Training (or as agreed for Academic trainees) | YES/NO (please circle |
| Faculty Education Statement supports training progression  | YES/NO (please circle) |

**The trainee must complete this form before asking the Educational Supervisor to countersign.**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee signature: |  | **Date:** |  |
| Education Supervisor signature: |  | **Date:** |  |
| Education Supervisor namePLEASE PRINT |  |