

Annual Review of Competence Progression
Checklist for Work Place Based Assessments in
ACCS CT/ST1

Trainee Name: _____ DRN/NTN: _____

Emergency Medicine

Summative assessments by a consultant in at least 2 Major Presentations	Date of assessment	Assessor's name		
• CMP1 Anaphylaxis	Date	Name		
• CMP2 Cardio-respiratory arrest (or current ALS certification)	Date	Name		
• CMP3 Major Trauma	Date	Name		
• CMP4 Septic patient	Date	Name		
• CMP5 Shocked patient	Date	Name		
• CMP6 Unconscious patient	Date	Name		
Summative assessments by a consultant in each of the following 5 Acute Presentations:				
• CAP1 Abdominal Pain	Date	Name		
• CAP6 Breathlessness	Date	Name		
• CAP7 Chest Pain	Date	Name		
• CAP18 Head Injury	Date	Name		
• CAP30 Mental Health	Date	Name		
Formative assessments in at least 5 further Acute Presentations using a variety of assessment tools including ACAT(EM) which can cover up to 5 acute presentations				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
10 other Acute Presentations covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs				
1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		
10. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name		

Practical procedures as DOPS in each of the following 5 domains:		
• Airway Maintenance	Date	Name
• Primary Survey	Date	Name
• Wound Care	Date	Name
• Fracture/Joint manipulation	Date	Name
• Any 1 other procedure	Date	Name

Acute Medicine

Formative assessments in 2 Major Presentations not yet covered:		
• CMP1 Anaphylaxis	Date	Name
• CMP2 Cardio-respiratory arrest	Date	Name
• CMP3 Major Trauma	Date	Name
• CMP4 Septic patient	Date	Name
• CMP5 Shocked patient	Date	Name
• CMP6 Unconscious patient	Date	Name

Formative assessments in at least 10 Further Acute presentations using a variety of assessment tools including ACAT(GIM)

1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
6. Date	7. Date	8. Date	9. Date	10. Date
Name	Name	Name	Name	Name

10 other **Acute Presentations** covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs

1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
10. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name

Practical procedures as 5 DOPS

11. Date	12. Date	13. Date	14. Date	15. Date
Name	Name	Name	Name	Name

Overview by end of CT/ST1

Structured Training Report x2 (one for each placement)	YES / NO (please circle)
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	Date
ACCS AM trainees only - Multi Consultant Review x 4	YES / NO (please circle)
Evidence of Audit or Quality Improvement Project (one every 12 months)	YES / NO (please circle)
Progress in relevant post graduate examinations:	Exams achieved
ALS or equivalent (upload certificate to ePortfolio)	Date
Safeguarding Children Level 2 (upload certificate to ePortfolio)	Date
Progress toward achieving level 2 common competences confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
Number of core training days attended (upload certificates to ePortfolio)	Number
Survey monkey feedback completed for each placement (<u>if a requirement in region</u>)	YES / NO (please circle)

To be completed by trainee and countersigned by Educational Supervisor

Trainee signature:		Date:	
Education Supervisor signature:		Date:	
Education Supervisor name PLEASE PRINT			