

Annual Review of Competence Progression (ARCP) Checklist for Work Place Based Assessments in EM ST5

Trainee Name: _____

NTN: _____

Extended Supervised Learning Events (ESLE)

Three ESLEs will be completed.

ESLEs will sample activity in all available areas of the ED and must include the resuscitation room.

The first within 3 months of commencement and the second within 6 months.

The educational/clinical supervisor will conduct the first, and at least one other consultant or equivalent will conduct another.

•	Date	Name
•	Date	Name
•	Date	Name

Curriculum topics

Higher Major Presentations (HMP) 1-5

Higher Acute Presentations (HAP)1-36,

Paediatric Major Presentations (PMP) 2,3,4,5,6

Paediatric Acute Presentations (PAP) 1,2,4,7,9,13,15,16

Remaining 50% (27 topics) not covered in ST4 by completion of: ST3-6 MiniCEX/CBD; ESLE;

Teaching and audit assessments; Evidence of learning e.g. RCEM Learning modules; or reflective entries that had a recorded learning outcome in the e-portfolio e.g. FOAMed, teaching session, patient encounter etc.

1. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
2. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
3. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
4. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
5. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
6. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
7. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
8. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
9. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
10. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
11. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
12. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
13. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
14. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
15. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
16. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name

17. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
18. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
19. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
20. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
21. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
22. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
23. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
24. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
25. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
26. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name
27. WBPA / Teaching / Audit / E-learning / Reflective (Please circle)	Date	Name

Assessment in a further **3 complex Paediatric Major or Acute Presentations not covered in ST4** Covered by Mini-CEX or Cbd (one of which must be a mini-CEX within the first 3 months)

•	Date	Name
•	Date	Name
•	Date	Name

Ultrasound for ST5

Progress with US log book, case studies and triggered assessments for each module

• A: AAA	Date	Name
• B: FAST	Date	Name
• C: Vascular Access	Date	Name
• D: Echo in life support	Date	Name
• E: Level 1 sign off - if completed	Date	Name

Overview by end of ST5

Structured Training Report	Date
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor	Date
Progress in relevant post graduate examinations:	Exams achieved
Progress towards Quality Improvement Project (QIP) or CTR (Advanced stage of completion)	YES / NO (please circle)
Progress towards completion of Management Portfolio project(s)	YES / NO (please circle)
Progress toward achieving level 4 common competences, confirmed by supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
Logbook on practical procedures undertaken/taught on e-portfolio	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
Local feedback completed as determined by Deanery/LETB	YES / NO (please circle)
ARCP outcome 1 or equivalent for CT/ST4	YES / NO (please circle)
Faculty Education Statement supports training progression	YES / NO (please circle)

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