

Annual Review of Competence Progression (ARCP)
Checklist for Work Place Based Assessments in EM ST6

Trainee Name: _____

NTN: _____

ST6 WBPA	Date checked
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> HMP 1 – 5 	Date
<ul style="list-style-type: none"> HAP 1 – 34 for 2010 curriculum: 36 for 2015 curriculum 	Date
<ul style="list-style-type: none"> PMP 2 - 6 	Date
<ul style="list-style-type: none"> PAP 1, 2, 4, 7, 9, 13, 15, 16 	Date
<ul style="list-style-type: none"> HST PEM – 6 Complex Paediatric Presentations 	Date
<ul style="list-style-type: none"> ARCP outcome 1 or equivalent for CT/ST1 	Date
<ul style="list-style-type: none"> ARCP outcome 1 or equivalent for CT/ST2 	Date
<ul style="list-style-type: none"> ARCP outcome 1 or equivalent for CT/ST3 	Date
<ul style="list-style-type: none"> ARCP outcome 1 or equivalent for ST4 	Date
<ul style="list-style-type: none"> 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 name PLEASE PRINT			