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| **Aims and Standards for Level 2 Training: APPLY KNOWLDEGE TO CLINICAL PRACTICE, DEMONSTRATE AUTONOMY** |
| **ARCP folder (Documents) Mandatory evidence** |
|  Form R Declarations Concerns Y / N Reflections TOOT …… days GMC survey receipt Curriculum vitae CCT calculator ARCP tool  |

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| **Previous ARCP** date……………..…….Outcome……… CCT date ……………. | Any concerns? Have the objectives set been met? |

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| **SUPERVISION MEETINGS & REPORTS: number of meetings per 6 month clinical placement/ calendar year same for FT and LTFT doctors** |
|  | **CLINICAL SUPERVISION (3 meetings/6 months calendar placement)** | **EDUCATIONAL SUPERVISION (3 times/year)** One meeting may be via audio/ video phone |
| **CS Trainer’s report** | *CSTR post 2 in previous year if completed after previous ARCP* |
|  | **Post 1 WTE months………………………...****Location………………………………………….** | **Post 2 WTE months…………………..……..****Location……………………………………………** | *Long term career goals:* |
| **Initial meeting and PDP** | Essential | Essential | Essential |
| **Mid-point review** | Essential | Essential | Essential |
| **End of** **Term** | Essential |  | Essential |
| **Trainer’s report** | Essential |  | Essential |

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| **ASSESSMENTS: Any concerns? Concerns addressed? Note ST doctor’s response and completion of learning objectives.****Must complete SLEs in all these settings: general paediatrics, neonates, community child health; ward and out-patient clinics.** At least one of each mandatory SLE assessed must be by consultant or senior SSAG/ speciality doctor. Demonstrate learning through reflection, develop SMART PDPs, and complete objectives – this is essential for MSF and mandatory SLEs.  |
| **\*MSF 1/per calendar year (not training year) unless OOP: *one each in neonatal, community child health and general paediatric placements*** |
| **ACAT: mandatory 1/level** *Demonstrate autonomy in managing clinical workload in an acute setting over a period of time – day shift* |
| **CBDs: minimum 1, suggest 4** *Demonstrate autonomy in reasoning, decision making and application of knowledge to patient care* |
| **DOCS mandatory 5/level** *Letters – referral/ clinical/ discharge, medical reports, medical notes* |
| **DOPS** *Demonstrate autonomous practice and evolving proficiency to deal with complications* |
| **HAT: mandatory 1/ training year** *Demonstrate plans to maximise patient safety, minimise risk and prioritise and action relevant clinical tasks* |
| **LEADER: mandatory 1/training year** *Apply to a clinical case or clinical problem- how will you improve your leadership and the NHS system?* |
| **Mini-CEX: minimum 1, suggest 4** *Demonstrate autonomous practice in good clinical care* |
| **Safeguarding CBD: mandatory 1/training year** *Demonstrate skills to assess, form and opinion and manage per level 3 safeguarding training* |
| **Standards: APPLY KNOWLDEGE TO CLINICAL PRACTICE, DEMONSTRATE AUTONOMY****Eportfolio: Set learning objectives regularly through the year. Attend educational events in all GPCs during each level.** |
| **Must demonstrate progress in all the clinical GPCs below in each training year via Assessments and evidence in Dev log** |
| **RCPCH (GPCs)** | **PDP** | **CPD** | **Development and skills log** *(Examples in italics)* | **Assessments**  |
| **Values & behaviours***Reflection* |  |  | ***Reflection on MSF essential****Demonstrate continuous learning through reflection* | *Mini-CEX, MSF* |
| **Communication***Presentations, teaching feedback* |  |  | *Deliver oral presentations* | *Mini-CEX/DOC MSF* |
| **Clinical Procedures***Skills log* |  |  | *Demonstrate proficiency in skills*  | *DOPS, MSF (Mini-CEX)*  |
| **Patient Management***Clinics, case notes, clinical questions* |  |  | *Demonstrate skills in making differential diagnoses and planning investigations and treatment* | *CBD/ Mini-CEX MSF, CSTR* |
| **Health Promotion Illness Prevention***Teach, reflect, governance* |  |  | *Clinical encounters/other professional activities: (health education, teaching life support skills, patient/ parent information leaflets)* | *CBD* |
| **Safeguarding***Safeguarding* |  |  | *Contribution to multi-agency working* | *Safeguarding CBD* |
| **Patient safety & safe prescribing***Governance, reflection* |  |  | *Risk management, incident reporting, contribution to audit, governance, and morbidity and mortality meetings* | *CBD/ Mini-CEX* |
| **Upload certificates in Skills log and Certified courses for mandatory courses: APLS NLS/ARNI Safeguarding level 3**  |
| **Must demonstrate progress in at least 2 of the GPCs below in each training year and all 4 within level 2****You must evidence this via Assessments and entries in Development log** |
| **RCPCH (GPCs)** | **PDP** | **CPD** | **Development and skills log *(Examples in italics)*** | **Assessments**  |
| **Quality Improvement***Governance, management* |  |  | *Design an audit project, contribute to a clinical guideline* | *Governance section - CSTR* |
| **Leadership & team-working***Leadership & management* |  |  | *Demonstrate autonomy* | *LEADER* |
| **Education & Training***Teaching* |  |  | *Teaching, reflection on feedback , plan teaching, curriculum delivery*  | *Mini-CEX* |
| **Research***Research* |  |  | *Clinical questions: critical appraisal, comment on application to clinical practice, journal club presentations. ST5 year: write a research proposal* | *CBD* |
| **Also demonstrate your achievements is these professional activities** |
| **Presentations** *(essential in each training year)* | *Include feedback and evidence of improving skills* |  |
| **Publications** *(desirable in each training level)* |  |  |

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| **ARCP outcome…..****Date…………..………****Reviewer****……………………..….****CCT date………..….** | **Feedback** | **SMART objectives - list non-clinical GPCs for next year** |