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

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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 same for FT and LTFT doctors, also applies if doctor remains in same post.** |
|  | **CLINICAL SUPERVISION (3 meetings/6 months calendar placement)** | **EDUCATIONAL SUPERVISION** (3 meetings/year are essential, mid-point review may be via telephone) |
|  | **Post 1 WTE months………………………...****Location………………………………………….** | **Post 2 WTE months…………………..……..****Location……………………………………………** |
| **Induction meeting**  | Essential, may add goals to PDP | Essential, may add goals to PDP | **Induction meeting and PDP:** Essential |
| **Mid-point review** | Recommended | Recommended | Essential  |
| **Trainer’s report****End of** **Post review** | CS Trainer’s report essential | CS Trainer’s report essential (Mid-point review will be noted if end of post review meeting not yet done.) | ES Trainer’s report essential |

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| **ASSESSMENTS & MSF**: Reflect on feedback. Demonstrate progress via developing SMART PDPs/goals, and achieving objectives.At least one of each mandatory WPBA **must** be by consultant or senior SSAG/ speciality doctor. **Tag RCPCH domains and level.** **Must complete SLEs in all these settings: general paediatrics, neonates, community child health; ward and out-patient clinics.** |
| **MANDATORY ASSSEMENTS:****\*MSF 1/per calendar year (not training year) unless OOP: *one each in neonatal, community child health and general paediatric placements*****Safeguarding CBD: mandatory 1/training year** *Demonstrate skills to assess, form an opinion and manage as per level 3 safeguarding training***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** *Demonstrate application of leadership in individual clinical situations problems to improve service***ACAT: mandatory 1/level** *Demonstrate autonomy in managing clinical workload in an acute setting over a period of time – day shift***DOCS mandatory 5/level** *Letters – referral/ clinic/ discharge, medical reports, medical notes – ability state opinion & focus on relevant issues* |
| **CBDs: minimum 1, suggest 4** *Demonstrate autonomy in reasoning, decision making and application of knowledge to patient care***Mini-CEX: minimum 1, suggest 4** *Demonstrate autonomous practice in good clinical care***DOPS** *Demonstrate autonomous practice and evolving proficiency to deal with complications* |
| **Standards: APPLY KNOWLDEGE TO CLINICAL PRACTICE, DEMONSTRATE AUTONOMY - Development Log and PDP/ Goals**Set and review learning objectives regularly through the year. Attend educational events in all GPCs during each level.Present evidence via Assessments and entries in Development and Skills Log. Tag RCPCH domains and level. |
| **Mandatory courses evidence in (Skills log & Certified courses):**  APLS NLS/ARNI Safeguarding level 3 |
| **Must demonstrate progress in all the clinical GPCs below in each training year.** |
| **GPCs:** *Entries in Dev log* | **PDP** | **CPD** | **Development and skills log** *(Examples in italics)* | **Assessments**  |
| **Values & behaviours***Reflection* |  |  | *Act as a role model for GMC Good Medical Practice, can deal with challenging situations successfully* | *Mini-CEX, MSF LEADER* |
| **Communication***Presentations, teaching feedback, reflection* |  |  | *Effective and professional verbal and written communication in complex and challenging situations* | *Mini-CEX/DOC MSF* |
| **Clinical Procedures***Skills log*  |  | *APLS, NLS/ARNI* | *Demonstrate proficiency in skills – can supervise and assess juniors, can lead resuscitation* | *DOPS, MSF Mini-CEX*  |
| **Patient Management***Clinics, case notes, clinical questions, reflection* |  |  | *Refine skills in making differential diagnoses, make alternative management plans in response to patients’ needs, effective contribution to MDT* | *CBD/ Mini-CEX MSF, CSTR* |
| **Health Promotion & Illness Prevention***Teach, reflect, governance*  |  |  | *Apply knowledge of underlying factors to influence health care (health education, teaching life support skills, patient information leaflets)* | *CBD/ Mini-CEX* |
| **Safeguarding***Safeguarding, reflection* |  | *Level 3 training* | *Complete assessment, make referrals and management plan, contribute to multi-agency working* | *Safeguarding CBD, DOC* |
| **Patient safety &** **Safe prescribing***Governance, reflection* |  | *On-line learning course* | *Able to identify and manage risk, contribute to and learn from risk management, incidents, audit, governance, and morbidity and mortality meetings* | *CBD/ Mini-CEX* |
| **Must demonstrate progress in at least two of the GPCs below in each training year and all four within level 2** |
| **RCPCH (GPCs)** | **PDP** | **CPD** | **Development and skills log *(Examples in italics)*** | **Assessments**  |
| **Quality Improvement***Governance, management* |  |  | *Demonstrate initiative in designing and leading on an audit and contribution to clinical guidelines* | *Governance section - CSTR* |
| **Leadership & team-working***Leadership/ management* |  |  | *Able to modify adjust practice of leadership to improve outcomes, support junior members of MDT* | *LEADER, MSF* |
| **Education & Training***Teaching with feedback, perform WPBAs for juniors* |  | *GIC/ instructor* | *Plan and deliver teaching tailored to learning needs, complete assessments and provide feedback*  | *Mini-CEX, MSF* |
| **Research***Research, clinical question Journal club feedback* |  | *Good Clinical Practice* | *Complete critical appraisal, apply to clinical practice, journal club presentations.* *ST5 year: write a research proposal* | *CBD* |
| **Additional observations:** |
| **Progress in Diploma in Child Health modules:** |
| **Exceptional achievements:** note in feedback in ARCP form |

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| **ARCP outcome…...****Date…………..………****Reviewer****……………………...….****Revised CCT date ………….…..………….** | **Feedback** (Record on ARCP form)**Recommend and record SMART objectives for next year:** focus on goals required to complete level  |