**Name Date**

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| --- | --- | --- | --- |
| **Item** | **Requirement** | **Y / N** | **Record where filed in eportfolio** |
| Trainee’s ARCP Checklist | 1 per year signed by ES and filed in eportfolio personal library |  | ST6 folder in personal library |
| Structured training report | Annually |  |  |
| Faculty Educational Governance Report | Annually |  |  |
| Common Competences + non-technical skills | ES sign off - Level 4 descriptors in min 23/25 |  |  |
| Extended Structured Learning Events (ELSE) | ELSE x 2 with a **consultant or equivalent**Trainee acting as a consultant under direct observation by the consultant on duty. |  |   |
| HST Adult Major presentations HMP 1-5HST Adult Acute Presentations HAP1-36Paediatric Major PresentationsPMP 2,3,4,5,6Paediatric Acute PresentationsPAP 1,2,4,7,9,13,15,16 | All curriculum presentations covered in ST4 & ST5 by completion of one or more of the following:ST3-6 MiniCEX/CBD, ESLETeaching and audit assessmentsEvidence of learning e.g. RCEM Learning modulesReflective entries that had a recorded learning outcome in the e-portfolio: FOAMed, teaching session, patient encounter etc. |  |  |
| Experience\* these are indicative numbers and a judgement on these numbers needs to be made at ARCP | Evidence should be provided- log books, reports from computerised systems or record of activity in STR\*See >2000 cases /year of which 10% are cases in the resuscitation room |  |  |
| MSF  | 1 per placement - min 12 respondents including at least 2 consultants  |  |  |
| Ultrasound | Level 1 final sign off |  |  |
| Safeguarding Children | Holds valid Level 3 certificate |  |  |
| Life support | Holds valid ALS, ATLS, APLS/EPLS provider |  |  |
| Examination | FRCEM, completed all elements |  |  |
| Management and leadership | Completed minimum of 4 items in management portfolio with reflective notes and WBAs |  |  |
| Clinical governance activity | Minimum of 1 x audit per year |  |  |
| Attendance at regional teaching | Evidence of 60% attendance |  |  |
| Up to date GCP certificate | Annually |  |  |
| HEE YH Feedback Forms | Annually – upload confirmation code / email |  |  |
| GMC Feedback Forms | Annually – upload confirmation code / email |  |  |
| Sick leave | Full declaration of sick leave in previous 12 months |  |  |
| Complaints, Critical Incidents & SUIs | Any involvement recorded in STR with actions taken and associated reflective summary available |  |  |
| Form R | Submitted to HEE YH annually |  |  |
| Patient Survey | X1 per revalidation cycle |  |  |