Checklist for ACCS CT/ST1

Please create a file in your personal library on e-portfolio labeled:

ARCP CT-1

All paper-based evidence must be scanned and uploaded to the ARCP CT-1 file with an appropriate title (e.g. ALS Certificate 2018)

The checklist below should be used as guidance to be certain you are completing all of the required competencies as you progress through your training year.

Work-place-based assessments or specific training modules must be completed, signed, uploaded and linked to the curriculum codes on your e-portfolio as evidence that you have achieved each competency.

Trainee Name: _____ DRN/NTN: _____

Emergency Medicine

Summative assessments by a consultant in **at least 2** Major Presentations	Date of assessment	Assessor's name
• CMP1 Anaphylaxis	Date	Name
• CMP2 Cardio-respiratory arrest (or current ALS certification)	Date	Name
• CMP3 Major Trauma	Date	Name
• CMP4 Septic patient	Date	Name
• CMP5 Shocked patient	Date	Name
• CMP6 Unconscious patient	Date	Name
Summative assessments by a consultant in **each** of the following 5 Acute Presentations:		
• CAP1 Abdominal Pain	Date	Name
• CAP6 Breathlessness	Date	Name
• CAP7 Chest Pain	Date	Name
• CAP18 Head Injury	Date	Name
• CAP30 Mental Health	Date	Name
Formative assessments in **at least 5 further Acute Presentations** using a variety of assessment tools including ACAT(EM) which can cover up to 5 acute presentations		

1. Date	2. Date	3. Date	4. Date	5. Date

Name	Name	Name	Name	Name

10 other **Acute Presentations** covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs		
1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
10.Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name

Practical procedures as DOPS in each of the following 5 domains:		
• Airway Maintenance	Date	Name
• Primary Survey	Date	Name
• Wound Care	Date	Name
• Fracture/Joint manipulation	Date	Name
• Any 1 other procedure	Date	Name

Acute Medicine

Formative assessments in **2 Major Presentations** not yet covered:		
• CMP1 Anaphylaxis	Date	Name
• CMP2 Cardio-respiratory arrest	Date	Name
• CMP3 Major Trauma	Date	Name
• CMP4 Septic patient	Date	Name
• CMP5 Shocked patient	Date	Name
• CMP6 Unconscious patient	Date	Name

Formative assessments in **at least 10 Further Acute presentations** using a variety of assessment tools including ACAT(GIM)				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
6. Date	7. Date	8. Date	9. Date	10. Date
Name	Name	Name	Name	Name

10 other **Acute Presentations** covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs		
1. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
2. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
4. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
6. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
7. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date	Name
8. Teaching / Audit / E-learning / Reflective / WPBA (Please	Date	Name

circle)				
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date		Name	
10.Teaching / Audit / E-learning / Reflective / WPBA (Please circle)	Date		Name	
Practical procedures as 5 DOPS				
11. Date	12. Date	13. Date	14. Date	15. Date
Name	Name	Name	Name	Name

Overview by end of CT/ST1

Summative Assessments by a Consultant of a minimum of **4 Major Presentations**	
Summative Assessments by a Consultant of a minimum of **5 Acute Presentations**	
Formative Assessments of **15 further Acute Presentations** assessed by ACAT and other WPBA tools	
Achievement of **20 further Acute Presentations** demonstrated by WPBAs, e-learning, teaching, audit, reflective practice	
DOPS demonstrating competence in the **10 Practical Procedures** domains	
Clinical Supervisor's Report /End of Placement Review for the Emergency Medicine Rotation	
Clinical Supervisor's Report /End of Placement Review for the Acute Medicine Rotation	
Educational Supervisor's Report / Structured Training Report (EM-stream)	
MSF - Minimum of 12 responses (annually) with a minimum of 2 consultants with spread of participants as agreed with Educational Supervisor	Date
Multi Consultant Review x 4 - **AM Stream Trainees only**	
Faculty Governance Statement completed by Educational Supervisor - **EM Stream Trainees only**	
Audit or Quality Improvement Project - one to be completed every 12 months	

Progress in relevant post graduate examinations	Exams achieved
Reflective notes - Record of any personal complaints, incidents, SUIs and any GMC concerns received must be recorded in e-portfolio and reflective notes written in response	
Compliments and thanks Scanned and uploaded to e-portfolio	
ALS or equivalent Certificate scanned and uploaded to e-Portfolio	Date
Safeguarding Children Level 2 Certificate scanned and uploaded to e-Portfolio	Date
Progress toward achieving **level 2 common competences** confirmed by supervisor and trainee (For EM stream Trainees – complete the red and blue man symbols in the e-portfolio)	
Number of Regional Training Days attended	Number
Up-to-date CV uploaded to personal library on e-portfolio	
Form R submitted to HEEoE	
Survey monkey feedback completed for each placement (returned to ACCS Administrator when requested)	

To be completed by trainee and countersigned by Educational Supervisor

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