

## Annual Review of Competence Progression Checklist for ACCS CT/ST2

Please create a file in your personal library on e-portfolio labeled:  
ARCP CT-2

All paper-based evidence must be scanned and uploaded to the ARCP CT-2 file with an appropriate title (e.g. IAC Certificate)

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:** \_\_\_\_\_

### Anaesthetics

Formative assessment of 5 Anaesthetic-CEX:	Date of assessment	Assessor's name
• IAC A01 Preoperative assessment	Date	Name
• IAC A02 Management of the spontaneously breathing patient	Date	Name
• IAC A03 Anaesthesia for laparotomy	Date	Name
• IAC A04 Rapid Sequence Induction	Date	Name
• IAC A05 Recovery	Date	Name
Formative assessment of 8 Specific Anaesthetic CbDs:		
• IAC C01 Patient identification	Date	Name
• IAC C02 Post op nausea & vomiting	Date	Name
• IAC C03 Airway assessment	Date	Name
• IAC C04 Choice of muscle relaxants & induction agents	Date	Name
• IAC C05 Post op analgesia	Date	Name
• IAC C06 Post op oxygen therapy	Date	Name
• IAC C07 Emergency surgery	Date	Name
• IAC C08 Failed Intubation	Date	Name
Formative assessment of 6 further anaesthetic DOPS:		
• IAC Basic and advanced life support	Date	Name
• IAC D01 Demonstrate function of anaesthetic machine	Date	Name
• IAC D02 Transfer and positioning of patient on operating table	Date	Name

• IAC D03 Demonstrate CPR on a manikin	Date	Name
• IAC D04 Technique of scrubbing up, gown & gloves	Date	Name
• IAC D05 Competences for pain management including PCA	Date	Name
• IAC D06 Failed Intubation practical drill on manikin	Date	Name

PLUS – Introduction to Anaesthesia (3-6 months)		
• Pre-operative assessment	Date	Name
• Pre-medication	Date	Name
• Induction of GA	Date	Name
• Intra-operative care	Date	Name
• Post-operative recovery	Date	Name
• Anaesthesia for emergency surgery	Date	Name
• Management of cardio-respiratory arrest (adult and children)	Date	Name
• Infection Control	Date	Name
Optional modules		
• Sedation	Date	Name
• Regional block	Date	Name
• Emergency surgery	Date	Name
• Safe Transfers	Date	Name

## Intensive Care Medicine

Formative assessments in 2 missing Major Presentations:				
• CMP1 Anaphylaxis	Date	Name		
• CMP2 Cardio-respiratory arrest	Date	Name		
• CMP3 Major Trauma	Date	Name		
• CMP4 Septic patient (ideally assessed in ICM)	Date	Name		
• CMP5 Shocked patient	Date	Name		
• CMP6 Unconscious patient	Date	Name		
Formative assessment of any Acute Presentations not yet covered				
1. Date	2. Date	3. Date	4. Date	5. Date
Name	Name	Name	Name	Name
Formative assessment of 13 practical procedures as DOPS (may be assessed as Mini CEX or Cbd if indicated), including:				
• ICM 1 Peripheral venous cannulation	Date	Name		
• ICM 2 Arterial cannulation	Date	Name		
• ICM 3 ABG sampling & interpretation	Date	Name		

• ICM 4 Central venous cannulation	Date	Name
• ICM 5 Connection to ventilator	Date	Name
• ICM 6 Safe use of drugs to facilitate mechanical ventilation	Date	Name
• ICM 7 Monitoring respiratory function	Date	Name
• ICM 8 Managing the patient fighting the ventilator	Date	Name
• ICM 9 Safe use of vasoactive drugs and electrolytes	Date	Name
• ICM 10 Fluid challenge in an acutely unwell patient (CbD)	Date	Name
• ICM 11 Accidental displacement ETT / tracheostomy	Date	Name
• Any other	Date	Name
• Any other	Date	Name

## Overview by end of CT/ST2

<b>All 6 Major Presentations completed</b>	
<b>All 38 Acute Presentations completed</b>	
<b>All 45 Practical procedures completed</b>	
<b>Clinical Supervisor's Report / End of Placement Review for the Anaesthetics Rotation</b>	
<b>Clinical Supervisor's Report / End of Placement Review for the ICM Rotation</b>	
<b>Educational Supervisor's Report / Structured Training Report (EM-stream)</b>	
<b>IAC Certificate</b> 2-page document signed by Clinical Supervisor and Anaesthetics College Tutor and uploaded to e-portfolio	
<b>Introduction to Anaesthesia Modules</b> Completed, signed and uploaded to the e-portfolio	
<b>Anaesthesia Consultant/Trainer Feedback</b> Completed and uploaded to the e-portfolio	
<b>Anaesthetic Logbook</b> (RCoA Format required for Anaesthetic-Stream Trainees)	
<b>Principle ICM Competencies Modules</b> Completed, signed and uploaded to the e-portfolio	
<b>ACCS ICM Final Sign-Off – Principal and Additional Competencies</b> Completed, signed and uploaded to the e-portfolio	
<b>MSF</b> Minimum of 12 responses (annually) with a minimum of 2 consultants	

<b>Anaesthetic-stream Trainees note:</b> ICM training specifically requires an MSF in ICM	
<b>Multi Consultant Review x 4</b> – AM-stream trainees only	
<b>Audit or Quality Improvement Project</b> One to be completed every 12 months	
<b>Reflective notes</b> Record of any personal complaints, incidents, SUIs and any GMC concerns received must be recorded in e-portfolio and reflective notes written in response	
<b>Compliments and thanks</b> Scanned and uploaded to e-portfolio	
Progress in relevant <b>post graduate examinations</b>	
<b>Resuscitation courses</b> relevant to specialty (ALS, ATLS, APLS or equiv.)	Date
<b>Safeguarding Children Level 2</b> Completed and certificate uploaded to ePortfolio	Date
Progress toward achieving <b>level 2 common competences</b> confirmed by supervisor and trainee (For EM-Stream Trainees – complete the red and blue man symbols in the e-portfolio)	
Number of <b>Regional Training Days</b> attended	Number
<b>Up-to-date CV</b> uploaded to personal library on e-portfolio	
<b>Form R</b> 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**

<b>Trainee signature:</b>		<b>Date:</b>	
<b>Education Supervisor signature:</b>		<b>Date:</b>	
<b>Education Supervisor name PLEASE PRINT</b>			