**Annual Review of Competence Progression**

**Checklist for Work Place Based Assessments in EM ST6**

Trainee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NTN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| All WPBA completed: | **Date checked** |
| * HMP 1 – 5
 | date |
| * HAP 1 – 34 for 2010 curriculum: 36 for 2015 curriculum
 | date |
| * Paediatric core training revisited – 6 Complex Presentations
 | date |
| * 2 Extended Supervised Learning Events (ESLE)
* Acting in Consultant role
 | date |
| * ARCP outcome 1 or equivalent for CT1
 | date |
| * ARCP outcome 1 or equivalent for CT2
 | date |
| * ARCP outcome 1 or equivalent for CT3
 | date |
| * ARCP outcome 1 or equivalent for ST4
 | date |
| * ARCP outcome 1 or equivalent for ST5
 | date |

|  |  |
| --- | --- |
| Structured Training Report | Date |
| MSF – minimum of 12 responses (annual)with spread of participants as agreed with Educational Supervisor | Date  |
| FRCEM passed - upload certificate to eportfolio | Date |
| CTR or QIP completed | Date |
| Completed Management Portfolio project(s) | YES / NO (please circle) |
| Number of regional training days attended – upload certificates to eportfolio | Number |
| ALS or equivalent (current provider) – upload certificate to eportfolio | Date  |
| ATLS or equivalent (current provider) – upload certificate to eportfolio | Date  |
| APLS or equivalent (current provider) – upload certificate to eportfolio | Date |
| Safeguarding children Level 3 – upload certificate to eportfolio | Date  |
| USS Level 1 sign off – upload certificate to eportfolio | Date  |
| Common competences: **23/ 25 to Level 4**  confirmed by supervisor and trainee (red and blue man symbols) | YES / NO (please circle) |
| Survey monkey feedback completed for each placement | YES / NO (please circle) |
| Completed minimum of **36 months WTE** in Higher Training | YES/NO (please circle |
| Faculty Education Statement supports training progression please circle) | YES/NO (please circle |

**The trainee must complete this form before asking the Educational Supervisor to countersign.**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee signature: |  | **Date:** |  |
| Education Supervisor signature: |  | **Date:** |  |
| Education Supervisor namePLEASE PRINT |  |