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)

ACCS Anaesthetic Streamed Trainees Only –Please ensure this document is linked to a personal activity within the date range of the ESSR.

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.

After completion and prior to ARCP; this form MUST be signed by your educational supervisor and uploaded to your e-Portfolio.

Trainee Name:			

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 follow	ing 5 Acute Pres	entations:
CAP1 Abdominal Pain	Date	Name
CAP6 Breathlessness	Date	Name
CAP7 Chest Pain	Date	Name

CAP18 Head Injury			Date	Name	
• CAP3	0 Mental Health			Date	Name
		east 5 further Acute ich can cover up to			ariety of assessment
1. Date	2. Date	3. Date	4. Date)	5. Date
Name	Name	Name	Name		Name
	cute Presentations practice / Additio		ning delivered	I / Audit /	E-learning modules /
1. Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name
2. Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name
3. Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name
4. Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name
5. Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name
6. Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name
7. Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name
8. Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name
9. Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name
10.Teachir circle)	ng / Audit / E-learn	ing / Reflective / W	PBA (Please	Date	Name

Pro	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 asse covered:	ssments in 2 Major I	Presentations not ye	et .				
CMP1 Anaphylaxis				Date		Name	
CMP2 Car	dio-respiratory arres	st		Date		Name	
CMP3 Maj	or Trauma			Date		Name	
CMP4 Sep	tic patient			Date		Name	
CMP5 Sho	cked patient			Date		Name	
CMP6 Unc	onscious patient			Date		Name	
	essments in at least 1 ols including ACAT(C		sentation	is using a v	/ariet	y of	
1. Date	2. Date	3. Date	4. Date	Date 5. Date			
Name	Name	Name	Name	Nar		ne	
6. Date	7. Date	8. Date	9. Date	Date 1		10. Date	
Name	Name	Name	Name		Name		
	10 other Acute Presentations covered by: Teaching delivered / Audit / E-learning modules / Reflective practice / Additional WPBAs						
Teaching / Audit / E-learning / Reflective / WPBA (Please Date Name circle)					Name		
Teaching / Audit / E-learning / Reflective / WPBA (Please Date Name circle)					Name		
3. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)			Date		Name		
4. Teaching/	Audit / E-learning / I	Reflective / WPBA (I	Please	Date		Name	

circle)						
5. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)					Ì	Name
6. Teaching / Al circle)	udit / E-learning /	Reflective / WPB	A (Please	Date	Ì	Name
7. Teaching / Alcircle)	udit / E-learning /	Reflective / WPB	A (Please	Date	Ì	Name
8. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)				Date	Ì	Name
9. Teaching / Audit / E-learning / Reflective / WPBA (Please circle)				Date		Name
10.Teaching / Audit / E-learning / Reflective / WPBA (Please circle)				Date	Ì	Name
Practical procedures as 5 DOPS						
11. Date	12. Date	13. Date	14. Date	4. Date		re e
Name	Name	Name	Name		Name	

Overview by end of CT/ST1

4 Major presentations	
2 Summative Assessments by a Consultant in EM	
2 Formative Assessments by a Consultant in AM	
40 Acute Presentations	
5 Summative Assessments by a Consultant in EM	
15 Formative Assessments documented by WPBAs	
20 documented by other methods (Teaching, Audit, e-Learning,	
Reflection additional WPRAs)	
10 Practical Procedures demonstrating competence in the domains	
using DOPS	
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 (AM stream trainees only)	
Structured Training Report (EM-stream trainees only)	
Educational Supervisors Structured Report (Anaesthetic stream trainees	
only)	

MSF			
Minimum of 12 responses with a	minimum of 2 consultants with spre	ad of	
participants			
Multi Consultant Review (AM Str			
Faculty Governance Statement	(EM Stream Trainees only)		
	oject - one to be completed every	12	
months			
Progress in relevant post gradua	te examinations, please list below:		
Reflective notes - Record of any	personal complaints, incidents, SUI	ls and	
any GMC concerns received m	ust be recorded in e-portfolio and		
reflective notes written in respor	se		
Compliments and thanks			
Scanned and uploaded to e-po	ortfolio		
ALS or equivalent			
Certificate scanned and upload	ded to e-Portfolio		
Safeguarding Children Level 2			
Certificate scanned and upload	ded to e-Portfolio		
Progress toward achieving level	2 common competences confirme	ed by	
supervisor and trainee			
(For FM stream Trainees - compl	ete the red and blue man symbols	in the	
e-portfolio)	ele ille red dila bioe man symbols		
Up-to-date CV uploaded to per	sonal library on e-portfolio		
Form R submitted to HEE0E			
Survey monkey feedback completed for each placement (returned to			
ACCS Administrator when reque	ested)		
To be completed by trainee ar	nd countersigned by Educational Su	uperviso	or
Trainee signature:		Date:	
Education Supervisor signature:		Date:	
Education Supervisor name			
PLEASE PRINT			