

**COVID-19 - 2020**

**Annual Review of Competence Progression**  
**Checklist for Annual Review of Competence Progress**  
**Paediatric Emergency Medicine Sub Specialty**

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

**All assessments in this year must be undertaken by consultants (PEM, EM, PICU or Paeds Med) or Associate Specialists (AS) in these specialties**

Key Capability	Evidence Linked and ES sign off
Manages the critically ill neonate, child and young person.	YES / NO
Assesses and manages the patient in respiratory failure.	YES / NO
Assesses and effectively manages the septic or shocked patient.	YES / NO
Assesses and manages the patient with a cardiac disorder.	YES / NO
Assesses and manages the patient presenting with a reduced level of consciousness.	YES / NO
Assesses, diagnoses and manages the patient presenting to the PED with major or minor trauma	YES / NO
Identifies and manages acute mental health conditions in the PED.	YES / NO
Assesses and manages presentations that suggest physical or psychological abuse.	YES / NO
Manages the processes following an unexpected death in the PED.	YES / NO
Leads a multispecialty trauma team.	YES / NO
Demonstrates the clinical knowledge necessary to manage the range of problems seen in the PED.	YES / NO
Employs the technical skills required to manage patients in the PED.	YES / NO
Manages a PEM department and its interactions with the hospital and community.	YES / NO
Recognises ED crowding, and implements effective strategies to relieve it as quickly as possible while maintaining safety and quality of care.	YES / NO
Leads and manages a paediatric emergency	YES / NO

## Overview by end of PEM

Trainee ARCP checklist	date
Structured Training Report	date
Faculty Governance Statement supports training progression / completion of PEM SST training ( <i>delete as appropriate</i> )	date
MSF – minimum of 12 responses (annual) with spread of participants as agreed with Educational Supervisor or compensatory evidence in STR / FGS	date
Progress in relevant post graduate examinations	Exams achieved
ALS or equivalent (current provider) – upload certificate to e-portfolio - or compensatory evidence in STR / FGS	date
ATLS or equivalent (current provider) – upload certificate to e-portfolio - or compensatory evidence in STR / FGS	date
APLS or equivalent (current provider) – upload certificate to e-portfolio - or compensatory evidence in STR / FGS	date
Safeguarding children Level 3	date
Form R	date
Record of time out of training	Number of Days
Complaints, Critical Incidents, SI (All should be recorded, discussed and have reflective note)	Yes / No

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

Trainee signature		<b>Date:</b>	
Education Supervisor signature:		<b>Date:</b>	

The following table should only be completed if the information has not already been entered on the FORM R

During the <b>COVID-19</b> pandemic did the trainee's scope of practice change?	<b>Yes / No</b> (delete as appropriate)
If <b>Yes</b> – please describe changes:	
Has this affected the trainee's ability to achieve the assessments listed above	<b>Yes / No</b> (delete as appropriate)
Has the trainee had a period of time away due to self-isolation / shielding etc?	<b>Yes / No</b> (delete as appropriate)
If <b>Yes</b> – please give dates and duration (weeks)	