*** Thames Valley Office***

 ***School of Emergency Medicine***

***2019 - 2020***

**Emergency Medicine ST6 Checklist**

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

**Extended Supervised Learning Events (ESLE)**

|  |
| --- |
| Two to be completed while acting in consultant role.One to be completed in first six months. |
| Assessor's name | Date |
|  |  |
|  |  |

**ST6 WPBA - All Curriculum completed**

|  |  |
| --- | --- |
|  | Date Checked |
| HST major adult presentations 1 - 5 |  |
| HST acute adult presentations 1 - 36 |  |
| HST Paediatric major presentations 2 - 6 |  |
| HST paediatric acute presentations 1, 2, 4, 7, 9, 13, 15, 16 |  |
| ARCP outcome 1 or equivalent for CT / ST1 |  |
| ARCP outcome 1 or equivalent for CT / ST2 |  |
| ARCP outcome 1 or equivalent for CT / ST3 |  |
| ARCP outcome 1 or equivalent for CT / ST4 |  |
| ARCP outcome 1 or equivalent for CT / ST5 |  |
| ARCP outcome 1 or equivalent for CT / ST6 |  |

**General Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Requirement** | **Y / N** | **Record where filed in eportfolio** |
| **Trainee’s ARCP Checklist** | 1 per year, filed in eportfolio personal library |  | ST6 folder in personal library |
| **Structured training report** | Annually |  |  |
| **Faculty Educational Governance Report** | Annually – within two months of ARCP |  |  |
| **Common Competences + Common competencies** | Trainee and ES sign off - Level 4 descriptors in min 23/25 (red and blue manned) |  |  |
|  **MSF**  | 1 per placement - min 12 respondents including at least 2 consultants |  |  |
| **Management portfolio complete** | Minimum of four items complete including complaint and SI investigation with WPBA, reflection and report together with sign off against bench marking by supervisor or ES for each item |  |  |
| **Safeguarding Children** | Holds valid Level 3 certificate |  |  |
| **Life support** | Holds valid ALS, ATLS, APLS/EPLS provider |  |  |
| **Examination** | Final FRCEM complete |  |  |
| **Clinical governance activity** | Minimum of 1 x audit per year |  |  |
| **Attendance at regional teaching** | Evidence of 60% attendance |  |  |
| **Up to date GCP certificate** | Annually |  |  |
| **GMC Trainee survey** | Annually – upload confirmation code / email |  |  |
| **Time out of training** | Full declaration of all absences in portfolio |  |  |
| **Complaints, Critical Incidents & SIs** | Any involvement recorded in STR with actions taken and associated reflective summary available |  |  |
| **Form R** | Submitted to HEE TV annually |  |  |

**To be completed and signed by trainee**

|  |  |  |  |
| --- | --- | --- | --- |
|  Trainee name | Trainee signature | Date: |  |
|  **ES to sign to confirm that the above items have been verified and the checklist reflects the current state of the portfolio** |
| ES signature |  | Date: |  |
| ES name (print) |  |
| Checklist complete | Yes / No |

File in eportfolio