

COVID-19 – 2020 (updated 22 May 2020)

ARCP Checklist - EM ST6

Trainee Name: _____

NTN: _____

ST6 WBPA	Date checked
<ul style="list-style-type: none"> • 1 Extended Supervised Learning Event (ESLE) acting in Consultant role (one of which must be completed within the first 6 months) 	Date
All Curriculum completed:	Date checked
<ul style="list-style-type: none"> • HMP 1 – 5 	Date
<ul style="list-style-type: none"> • HAP 1 – 34 for 2010 curriculum: 36 for 2015 curriculum 	Date
<ul style="list-style-type: none"> • PMP 2 - 6 	Date
<ul style="list-style-type: none"> • PAP 1, 2, 4, 7, 9, 13, 15, 16 	Date
<ul style="list-style-type: none"> • HST PEM – 6 Complex Paediatric Presentations 	Date
<ul style="list-style-type: none"> • ARCP outcome 1 or equivalent for CT/ST1 	Date
<ul style="list-style-type: none"> • ARCP outcome 1 or equivalent for CT/ST2 	Date
<ul style="list-style-type: none"> • ARCP outcome 1 or equivalent for CT/ST3 	Date
<ul style="list-style-type: none"> • ARCP outcome 1 or equivalent for ST4 	Date
<ul style="list-style-type: none"> • 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 or compensatory evidence in STR / FGS	Date
FRCEM passed - upload certificate to e-portfolio	Date
Minimum of 3 Management Portfolio projects completed (to include complaint)	YES / NO (please circle)
Number of regional training days attended – upload certificates to e-portfolio	Number
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 – upload certificate to e-portfolio	Date
USS Level 1 sign off – upload certificate to e-portfolio	Date
Common competences: 23/ 25 to Level 4 confirmed by Educational Supervisor and trainee (red and blue man symbols)	YES / NO (please circle)
Completed minimum of 36 months WTE in Higher Training (or as agreed for Academic trainees)	YES/NO (please circle)
Faculty Governance Statement supports completion of training	YES/NO (please circle)

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

Trainee signature:		Date:	
Educational Supervisor signature:		Date:	
Educational Supervisor name PLEASE PRINT			

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

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