

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	date
MSF (annual)	date
Clinical governance activity (annual)	date
Management portfolio	date
Progress in relevant post graduate examinations:	Exams achieved
ALS (current provider)	date
ATLS / ETC (current provider)	date
APLS / EPLS (current provider)	date
Safeguarding children Level 3	date
Trainee feedback (GMC and/or HEE locality)	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		Date:	
Education Supervisor signature:		Date:	