**ST3 ARCP Checklist – FAQs and desirable items**

**Paediatrics**

***WRT Paediatric Major Presentations (PMPs) I need to get at least 2 of these signed off by a consultant using an ST3 Resus Mini-CEX or CBD. Can these be performed on a simulated patient?***

We recognise that PMP1 (Anaphylaxis) and PMP 3 (Cardio-respiratory arrest) are rare presentations. Therefore these **can** be assessed on a simulated patient. If the other domains are assessed by a consultant using the above WPBA then they should be on a real patient.

Remember only two of the 6 PMPs need to be assessed in this way, but that they have to be assessed by a **consultant.** The other 4 domains can be covered by APLS (or EPLS / EPALS).

***Who can complete the assessments for Paediatric Acute Presentations?***

The following 5 PAPs **MUST** be assessed by a **consultant** using either a general mini-CEX or CBD.

PAP 1 – Abdominal pain

PAP 5 – Breathing difficulties

PAP 6 – Concerning presentations (CBD)

PAP 9 – Fever in all age groups

PAP 15 – Pain management in children

Evidence for the remaining 14 PAPs can be acquired by the range of modalities listed on the checklist.

***How many practical procedures (PEMPs) to I need to have evidence for?***

You **need** to complete three specific skills as DOPS. On the RCEM checklist they have listed the correct skills but the wrong curriculum number. For clarity, the three that you need to complete as DOPS are:

* PEMP 8 – Venous access in children
* PEMP 2 – Airway Assessment and Maintenance
* PEMP 1 – Primary survey in a child

In addition you **need** to complete at least 5 other paediatric practical procedures (PEMP) by either DOPS or reflective practice and enter these into the boxes on the checklist.

***Desirable items:*** The checklist mandates that three specific PEMPs are completed by DOPS and that a minimum of five other PEMPs are completed by either DOPs or reflective practice. However, we think it is best practice to provide evidence for as many of the 25 different practical procedures as possible.

**General Emergency Medicine**

***WRT Adult Acute Presentations (C3AP), can I use WPBA from my ST1 / ST2 year?***

There are 14 domains. These can be covered by evidence from a variety of different means (see checklist), but if covered by a WPBA we would expect that to be a WPBA performed during, and assessed at the level of, an ST3 doctor rather than carried over from ST1 /ST2 training.

***In which placement(s) do I need to complete my ESLEs?***

The RCEM checklist states that you **need to complete two ESLEs in Adult Emergency Medicine.**

***Desirable item:*** We think that there is an educational benefit to completing an additional ELSE in your paeds placement.

***WRT Adult Practical Procedures, can these be carried over from ACCS ST1 and ST2?***

There are 45 items. They should have all been completed as part of ACCS ST1 and ST2 training (this will certainly have been the case if you completed ACCS ST1 and ST1 in the North West and Mersey). These can be carried over from ST2.

**Overview (page 4 of checklist)**

***WRT my MSF do I complete this in my adult placement or my paediatric placement?***

The RCEM checklist doesn’t specify, by most trainees complete it in their adult placement.

The RCEM checklist states that one MSF (minimum 12 responses) needs to be completed for the ST3 year. Most trainees complete this in their adult placement.

***Desirable item:*** We think its best practice to get one from your paeds placement as well.

***The checklist contains “Evidence of Audit or Quality Improvement Project” and “Evidence of Management Project(s)” as two separate items. What do I need to complete for the latter?***

We don’t want to be too prescriptive about the requirements for this domain, but we do need some evidence of engagement with a managerial process. This could include evidence of attendance at some managerial meetings at hospital, evidence that you have helped in a management project in your hospital or a completed management portfolio item linked to the management curriculum.

***How many Structured Training Reports do I need?***

You need **two** structured training reports – one to cover your adult EM placement(s) and one to cover your paediatric placement(s).

***Do I need to have my life support courses in-date?***

In order to get a satisfactory outcome for ST3 and to successfully transition to ST4 you need to have a valid and in-date life support certificates for:

* ALS
* APLS or EPLS
* ATLS or ETC

This is true even if your ST3 training is extended. For example, if you have your ST3 year extended for exam failure, in order to complete your ST3 year you will need to pass the FRCEM intermediate examinations and have in-date life support certificates at that point in time.

***How long does a Safeguarding Children Level 3 certificate remain valid for?***

1 year if it is gained from e-learning, 3 years if from face-to-face learning

***WRT Common Competencies, can these be carried over from ACCS ST1 and ST2?***

23 out of 25 of these must to be signed off as Level 2 or above. These **can** be carried over from ST2, but it may be worthwhile to asking your ES to reassess these as you may now be performing at a higher level.

***In which placement do I need to get my Faculty of Educational Governance statement completed?***

The RCEM checklist mandates a Faculty of Educational Governance Statement that supports training progression. Therefore there **must** be a completed from your current placement at the time of your ARCP that recommends progression.

***Desirable item:*** We believe that it is best practice to have a FEGS from both your adult and paediatric placements, as this will give you useful feedback across the range of patients you encounter in your ST3 year.

*Dunn, Hughes, Parris - Jan 2020*