*** North West***

***School of Emergency Medicine***

**Emergency Medicine HEE North West ST6 Checklist**

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

GMC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 ST4 |  |
| ARCP Outcome 1 or equivalent for ST5 |  |
|  |  |

**General Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Requirement** | **Y / N** | **Record where filed in eportfolio** |
| **Trainee’s ARCP Checklist** | 1 per year, filed in e-portfolio personal library |  | ST6 folder in personal library |
| **Structured Training Report** | Annually/1 per placement |  |  |
| **Faculty Governance Statement** | Annually/1 per placement |  |  |
| **Common Competences + Non-Technical Skills** | Trainee and ES sign off - Level 4 descriptors in min 23/25 (red and blue manned) |  |  |
| **MSF** | 1 per placement - minimum 12 respondents including at least 2 Consultants |  |  |
| **Safeguarding Children** | Holds valid Level 3 certificate  E-learning: Valid for 1 Year or  Face to face training: Valid for 3 years |  |  |
| **Life Support** | Holds valid ALS, ATLS, APLS/EPLS provider |  |  |
| **Examination** | Final FRCEM complete |  |  |
| **Management and Leadership** | Completed minimum of 4 items on Mx portfolio with reflective notes and WPA |  |  |
| **Ultrasound** | Level 1 final sign off |  |  |
| **Clinical Governance activity** | Minimum of 1 x audit per year or involvement in QIP |  |  |
| **Attendance at Regional Teaching** | Evidence of 70% attendance |  |  |
| **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 NW annually |  |  |

**To be signed by trainee and countersigned by educational supervisor (ES)**

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee |  | Date: |  |
| Educational Supervisor |  | Date: |  |
| Educational Supervisor  (Print Name) |  | | |

File in e-portfolio