**HE TV School of O&G ARCP Checklist ST1**

**Name** …………………………………………………………………………………………………………………………

**ST** ………. **at Location** ………………………………

Full time or LLFT (CCT calculator add as additional evidence)

**CCT Date**…………………………………………………..

**ES** ………………………………………………………………………………………………………………………………

**Last ARCP and reason for this one** …………………………………………………………………………….

**Period being assessed**

|  |  |  |  |
| --- | --- | --- | --- |
|  | requirement |  | comment |
| Absences | Recorded in ePortfolio – state number |  |  |
| Curriculum progress  | Component  | Trainee  | Trainer  |
|  | **Non clinical CiP**  |  |  |
|  | Generic and non-clinical specialty Cip * Evidence in each Cip each year
* Evidence of each skill to be met by way points
 | self-assessment | global assessment |
|  | **Clinical Cip** | Minimum needed | Evidence in each Cip | Evidence in each skill to be met by ST2 |
| Clinical CiP | Clinical emergencies in Gynaecology  | level 1level 1level 1level 1  |  |  |
| Clinical CiP | Emergencies in Obstetrics  |  |
| Clinical CiP | Non –emergency Gynaecology and early pregnancy  |  |
| Clinical CiP | Non- emergency Obstetrics  |  |
| MRCOG | Part 1 – date passed |  |  |
| USS progress | On course to complete basic modules by end of ST3?  |  |  |
| Summative Competent OSATS: |  | Number  | More than one assessor  |
| 1 | Cervical smear  |  |  |
| Formative Osats optional but encouraged  | Evidence in portfolio  |  |  |
| Mini CEx | Evidence in portfolio |  |  |
| CBD | Evidence in portfolio |  |  |
| Ref Prac | Evidence in portfolio |  |  |
| NOTSS | Evidence in portfolio |  |  |
| Teaching attendance  | Regional - 60%? |  | Yes / no |
| TEF  | NOT APPLICABLE THIS YEAR |  |  |
| Courses \*\*\* of matrix  | Basic practical skills  |  |  |
|  | CTG training  |  |  |
|  | Obstetric simulation course –Prompt / ALSO /Other  |  |  |
|  | Course relevant to curriculum |  |  |
| TO2 – 1 if first set is satisfactory or 2 if issues noted in first set  | No. / no. in each category |  |  |
| TEF | Not required  |  |  |
| Form R: | Exception report? |  |  |
| If yes | Trainee aware?, reflective practice ? |  |  |

**Checklist for ES**

* If trainee LTFT – ensure he/ she attaches CCT calculator to the ESR
* The following evidence needs to be attached in the other section of the ESR Other section.
1. Mandatory course for the year evidence
2. Teaching attendance in other evidence
* Evidence of any outstanding OSATS from previous training year as per the training matrix

**Outcome** ……

**Next review date**………………

**Next rotation**………………..

**Comments / queries for afternoon meeting**: